# funeral PHYSICIAN: The law requires that the death certificate be executed within 24 hours after ges 1 and 2 s after death. completely TO HOSPITAL OR ATTENDING PHYSICIAN: The taw requires that the court was death. Proc 4 may be retained by the hospital or attending physician. TO FUNCAL DIRECTOR: After this certificate has been signed by the attending physician and completel director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 km. VR A15 (4)

15M 7/61

76

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

					4,31,37
1. PLACE OF DEATH a. COUNTY					Residence before admission)
Prince George	MARYLAND	• STATE Maryla	nd	Pr. Geo.	Co.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	a. CITY OK TOWN (I	r outside corporate i	imits, write RURAL an	d give nearest town)
Riverdale	16 days	4/ Hyatts	ville		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, give street eddress)	d. STREET ADORESS			a. IS RESIDENCE ON A FARM?
Eugene Leland Memorial		6928 S	tandish D	r.	YES NO X
3. NAME OF DECEASED (Type or print) Mari on Emma	Middla Allen	Lasi	4. DATE OF DEATH	Month 1-10-62	Day Year 19
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 1 B.	DATE OF BIRTH		(In years   IF UNDER I	YEAR IF UNDER 24 HRS.
Female White WHOWN		9/25/02	59	birthday) Months yrs.	Days Hours Min.
done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR		ly & Stata, or foreig	n country] 12. CfT	IZEN OF WHAT COUNTRY?
1101101111101	wn home	Mass.		U.	S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
George Mc Guire		Emma Bro	wn		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. [Yes, no, or unknown]   (If yas give war or detes of service)	SOCIAL SECURITY NO. 17. I	NFORMANT		Address	
no	none St	over J. All	en Hyat	tsville Mo	d.
Conditions, it any, which ouve rise to immadiate cause [a), stating the underlying DUE TO cause test.  PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS  PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS  CONDITIONS  PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS  CONDI	NTRIBUTING TO DEATH BUT NO	vall			1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	Not While factor	CE OF INJURY (Home, farm ory, street, office bldg., atc.		wn) (Cou	nty) (State)
21. I certify that (I) (this hospital) attentions as the deceased alive on	ded the deceased from	/			the date stated above
22a. SIGNATURE Raindie	· In	DI DI		AFF YS.	22b. DATE SIGNEE
D.R. Purdie M.D.		11108 Queer	sbury Rd.	Riverdale	Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY			City, town or count	
ransportation Jan 12, 19				Virginia	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REC	D BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE
77	ttsville Md.	DATE	AN 1 5 '62	arthur 1	P. Krana

. We of Prefire Leyer A diven LONE 47 126 176 176 176 1 Saturd frommer Coole. - b - bid la 10 - 00 AND THE RESIDENCE OF STREET Coll with the line and a long to the The secretary of the second section of

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institutions Re	sidence before edmission)				
1	Prince Georges MARYLAND	Maryland Prince Georges					
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest fown)					
	Cheverly	Greenhelt					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS	e. 15 RESIDENCE ON A FARM?				
	D		YES NO X				
3.	Prince Georges General Hospital	34 5 Crescent Road	Day Yeer				
	DECEASED CONSTANCE ANN	OF DEATH	10				
-	Daby	Ashbacher 16 Jan	162				
5	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y last birthday) Months   Di	EAR IF UNDER 74 HRS.				
	Female White WIDOWED DIVORCED	1060 VN	110013				
	De. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	TY 11. DIXTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?				
d	lone during most of working life, even if retired]		~ .				
1	NONE	Maryland U.	S.A.				
1	. FAIRER 3 NAME						
/\_	James D ASH BACHER	Ann E NORDWALL					
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	INFORMANT Address Somme as	74 9				
1,	1/ / V/ - 1	mes h. ashbaches some as					
=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	ma perconverta,	INTERVAL BETWEEN				
1	PART I. DEATH WAS CAUSED BY: Hun fine.	imbrane discase	ONSET AND DEATH				
	MAMEDIATE CAUSE (a) 11 Junior Mile	moveme ogircas					
	DUE TO	0, 4					
	Conditions, if eny, while, (b) Members	creth					
	geve rise to immediate cause DUE TO						
	(e), steting the underlying couse last.		-				
)   2		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(a) 19. WAS AUTOPSY				
CERTIFICATION			PERFORMED?				
N S	hove	7	YES NO I				
RTE	200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING 2005 CAUSE OF DEATH	), (Enter neture of injury in Pert I or Pert II of item 18.)					
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, 201. (City or town) (Country, street, office bldg., etc.)	(State)				
IGAN	Hour a.m. While Not While fect	lory, sireer, office breg., etc.;					
1		7/72 162 10 7/16 106	2 that (1) (we) last				
	21. I certify that (I) (this hospital) attended the deceased from.	12.20AM	A, Indi (I) (We) lesi				
П		death occured at 12 20 AM the causes and on the					
	220. SIGNATURE	ATTENDING/ MED STAFF	22b. DATE SIGNED				
	I was fauso g	.D. PHYS. DIRECTOR PHYS.					
	22c. PHYSICIAN'S	22d. ADDRESS					
	Dr. Milos A. Jansa	7403 Varnum St., Landover H	ills_Md				
2	30. BURIAL, CREMATION, 236. DATE THEREOF   235 NAME OF CEMETERY		(State)				
7	REMOVAL (Spectry) 1-18-1962 Flort Junial	2 P. T. 120-1.0	Maryland				
A	AVII CL	125 REC'D BY REGISTRAR 256. REGISTRAR'S SI	GNATION				
2	4 FUNERAL DIRECTOR'S SIGNATURE	11/10 IAN 4 0 760					
1 4	With the tenth of	DATE SAME 1 9 02	Finance				
-	2077191163						

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No. of Communication and Communication of the Commu

1-16 11 - 16 11 - 2 dest som in line to go saide brought my an

DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH funeral USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) PLACE OF DEAT a. COUNTY b. COUNTY Prince George's Prince George's marvland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hyattsville Chever ly 14 days within a. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? 5205 46th Ave. Prince George's General Hospital YES NO 4. DATE 3. NAME OF Month Year DECEASED DEATH 19 (Type or print) J. Janhary 27 Tisa AVT es AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdey) Days 12-8-61 Female Colored WIDOWED 19 DIVORCED 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 1De. USUAL OCCUPATION (Give kind of work physician ramove done during most of working life, even if ratired) Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please aftending Unk. Elizabeth Ayres 16. SOCIAL SECURITY NO.I 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give war or detes of service) oval Mother Same as above the INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Necrosis of the left Cerebral hemisphere IMMEDIATE CAUSE (e) signed DUE TO Encephalomalasia (cause undetermined) attending Conditions, if any, 464 been geve rise to immediate cause DUE TO (e), sleting the underlying DING PRYS.

ned by the hospital or a...

After this certificate has

had for use as the b cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+): 19. WAS AUTOPSY PERFORMED? NO 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Steta) 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Yeer factory, street, office bldg., etc.) While Not While Hour e.m. et work et work may be retaine DIRECTOR: saw the deceased alive on. 1-27 1962, and that death occurred at 1:30, from the causes and on the date stated above. State 22b. DATE OR 22e. SIGNATURE SIGNED **ATTENDING** DIRECTOR PHYS. PHYS. M.D. HOSPITAL 22d. ADDRESS 22c. PHYSICIAN'S 7403 Varnum Street, Landover Hills, Md. Jansa Milos filed \ 23d. LOCATION (City, town or county) (Stata) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Hirla] Suitland, Maryland 2/1/1962 Lincoln E di ADDRESS. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 1432 You Street. N.W. 15M 9/60 Jarvis Co. Claphy & Trace

MARYLAND STATE DEPARTMENT OF HEALTH

W. PRESTON STREET, BALTIMORE 1, MARYLAND

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

11964

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission)
	o. STATE b. COUNTY Manual and Prince Commeter
b. CITY OR TOWN (if ourside corporate limits, with RURAL and give negrest town)  C. LINGTH OF STAY IN 1b	Maryland Prince George 1 s c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
0	Hyattsville / 4
heverly As days	(9)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
Prince George's General Hospital	4443 Wells Parkway YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) Mary Susan	Baker January 25 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K	3. DATE OF BIRTH 9. AGE (In yeers IF UNDER YEAR IF UNDER 24 HRS, last birthdey) Months Deys Hours Min.
Female White WIDOWED DIVORCED	January 12, 1962 yrs. 13
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
Child	Maryland
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James F. Baker	Ella F. Baker
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(Yes, no, or unkown) (Ifyesgivewerordelesofservice)	Mother Same as above
The design of the second secon	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Pulmo na ry A	te teclasis (Bilateraly) ONSET AND DEATH
The state of the s	
Conditions, if ony, which ) DUE TO Conganita Sta	nosis of the Esophanic
Conditions, if eny, which geve rise to immediate cause	me per find a
(e), stelling the underlying DUE TO	
ceuse lest, (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
OIT Y	YES NO -
20a, ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in Part I or Part II of item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO  20a, ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH  U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Yeer   20d. INJURY OCCURRED   20c. PL.	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Slete)
at work at work	stary, street, office bldg., etc.)
	1/2 1/2 19 to 7=25 162 that (1) (wa) las
21. I certify mar (i) (mis nospiral) allended the decessed from	t death occured at 4:45, from the causes and on the date stated above
	A M 22b. DATE
220. SIGNATURE	ATTENDING AND STAFF SIGNED
22c. PHYSICIAN'S	A.D. PHYS. PHYS. PHYS.
NAME (Type) Dr. Gordon W. Kelley	6124 - 41st Avenue, Hyattsville, Md.
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Slete)
	Park Cem. Bluefield, W. Va.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
F. Gasch's Soas 4739 Balt. Ave. Hyat	tsville pardd. JAN 29'82 Calles & K

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### MARYLAND STATE DEPARTMENT OF HEALTH

		00972	CER	TIFICAT	E OF DEAT	Н		, , , , , , ,	009	65_
1.	PLACE OF DEATH a. COUNTY PRINCE (			MARYLAND	D. STATE MARYL		b. COUN			edmission)
	write RURAL and	f outside corporate limits, give neerest town) AIR FORCE BA		OF STAY IN 16	1	(If outside o	orporete limits, write			wn)
		TAL OR INSTITUTION (IF IN	of in hospital, give stre	et address)	d. STREET ADDRESS		TON LANE		10	RESIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	RAYFORD	H	ddle	BELVIN	4. DAT				62
5.	MALE	6. COLOR OR RACE 7.		MARRIED	5 MARCH 1916	6				R 24 HRS.
100 do	one during most of wo TYPE OP	ION (Give kind of work rking life, even if refired) ERATER	GOVT PRIN		ICE NORTH	unty & State,			OF WHAT	
13.	RAYFORD	BELVIN			MARY BAKE					
{Y	s, no, or unkown) (t	ER IN U.S. ARMED FORCES fyesgivewar or detes of servi 1941 - 40			MRS DELILAH	A BELV	Address /IN SAI	ME AS IT	EM #2	
	PART I. DEAT	H WAS CAUSED BY:	In fave		of the Mi	PCAC	rduin		NTERVAL B	
	Conditions, if eny	No. of Section 19	Athero	Sclev	osisof Con	IONUA	y Auteur	ies a	indet	ermine
	(a), stetling tha uncause lest.	PULL TO			1		1			
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITIO	NS CONTRIBUTING TO	D DEATH BUT NO	OT RELATED TO THE TERM	AINAL DISEA	SE CONDITION GIV	EN IN PART 1(a)		AUTOPSY ORMED? NO
	OR CONTRIBUTING	AS UNDERLYING 20 20 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW I	NJURY OCCURE	), (Enter neture of injury in	n Pert I or Pa	rt H of Hem 18.)			
MEDICAL	20c. TIME OF INJU Hour e.m.	RY Month, Day, Year	While Not While twork to two	lafec	ACE OF INJURY (Home, fa tory, street, office bldg., et		City or lown)	(County)		(Stete)
		hatXX (this hospital) sed alive on 4 Jal								

22b. DATE 22e. SIGNATURE

MED. DIRECTOR SIGNED ATTENDING STAFF PHYS. 4 JAN 62 K PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)

STANDEY M BIALEK CAPT USAF MC USAF HOSP, ANDREWS AFB, MD 23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specific) an. 7-62 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)

REC'D BY REGISTRAR 255. REGISTRAR'S SIGNATURE

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(State)

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THE REPORT WHEN THE CO. DALC FORESTAND STREET 1916 AS 20 -1001 - 45 The state of the supplied the second was to - - when consider making process and specifically assessed to of the second of the second of gift that parting all info CONTROL IN STATEMENT CARP (INC. 1964) ABOUT AND ARRANGED ASSESSED. The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND CERTIFICATE OF DEATH 00973 funeral should 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) I. PLACE OF DEATH e. COUNTY b. COUNTY Prince Georges a. STATE Marv land Prince Georges MARYLAND c. CITY OR TOWN (If outside corporete I mits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 16 write RURAL and give nearest town) Fairmont Heights in in 5 hrs Chever ly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, g ve street address) d. STREET ADDRESS . IS RES DENCE ON A FARM? Prince George General Hospital 5901 Sheriff Road YES NO 50 completely 3. NAME OF Last 4. DATE Month Year paper DECEASED (Type or print) DEATH 19 62 30 Girl Blake Jan. Baby and cor carbon COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. 5. SEX 9. AGE (In years | IF UNDER I YEAR | last birthdey) Months Devs Jan . 1962 Female WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or fore an country) remove done during most of working life, even if retired) U.S.A. Maryland Non e 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please altending Jana E Blake Wilhur Chase 15. WAS DECEASED EVER IN J.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) Mother above 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) INTERVAL BETWEEN þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Premature birth g physic signed l IMMEDIATE CAUSE (a) burial-fransit DUF TO Pulmonary Atelectasis Conditions, if eny, which has been geva risa lo immediata causa DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY After this certificate PERFORMED? NO [ 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert 1 or Part III of item 18.) detached for 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, office bldg , etc.) While Not While Hour a.m. may be retaine DIRECTOR: / et work | et work 30 Jan 19 21. I certify that (I) (this hospital) attended the deceased from.... , and that death occured at the causes and on the date stated above. .....19.62 22b. DATE 22e. SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D. 22c, PHYSICIAN'S 22d. ADDRESS FUNER NAME (Type) 7403 Varnum Street, Landover Hills, Md. Milos director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Jown or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Prince Geo. Gen. Hospital Cheverly, Md. 2-2-62 Zon. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) arthur S. Thousa DATE FER 6 162 15M 9/ eph Jr. m Akmini



#### STREET, BALTIMORE 1, MARYLAND 00974 CERTIFICATE funeral 1. PLACE OF DEATH COLNTY within 24 hours Prince George County b. CITY OR TOWN (if outside corporate limits) MARYLAND C. LENGTH OF STAY IN 16 write-RURAL and give nearest town) 10 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, a ve street eddress) Prince George's General Hospital AVO. executed 3. NAME OF DATE DECEASED OF (Type or print) Boss DEATH Janet Elizabeth 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In yeers lest birthdey) certificate be and WIDOWED [ DIVORCED 10e. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTR done during most of working life, even if relired Washington, D.C. homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Then please requires that the death James T. Townsend Mamie Goodrich and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Hyesgivewarordelesofservice) **Smoval** the 18. CAUSE OF DEATH Enler only one cause per PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) has been signed the burial-transit DUE TO Conditions, if eny, which (6) geve rise to immediate cause DUE TO (a), stating the underlying certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION 98 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, lenter neture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) factory, street, office bldg., etc.) Not While Hour e.m. et work et work may be retain DIRECTOR: 21 I certify that (I) (this hospital) attended the deceased from...... and that death occured at 120 M, from the causes and on the date stated above. saw the deceased alive on... 22e SIGNATURE ATTENDING. STAFF PHYS, DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS death. Page NAME (Type) Dr. William B. Gunther 9812 23e. BUR.AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAE TSPECTIFF Arlington Nat. Cemetery Ft.Myer, Virginia Wash.D.C **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

PERFORMED?

(County)

NO E

(State)

SIGNED

(State)

FDEATH	0(10)	$67_{-}$
USUAL RESIDENCE (Where de	ceesed ived, if institution: Residence before	e edmissio
». STATE Md.	b. COUNTY  orete limits, write RURAL and give nearest t	
Mt. Rainie:		owitj
d. STREET ADDRESS	e. IS	RESIDENC

YES NO X January

IF UNBER I YEAR 1F UNDER 24 HRS. Months

12. CITIZEN OF WHAT COUNTRY? U.S.A.

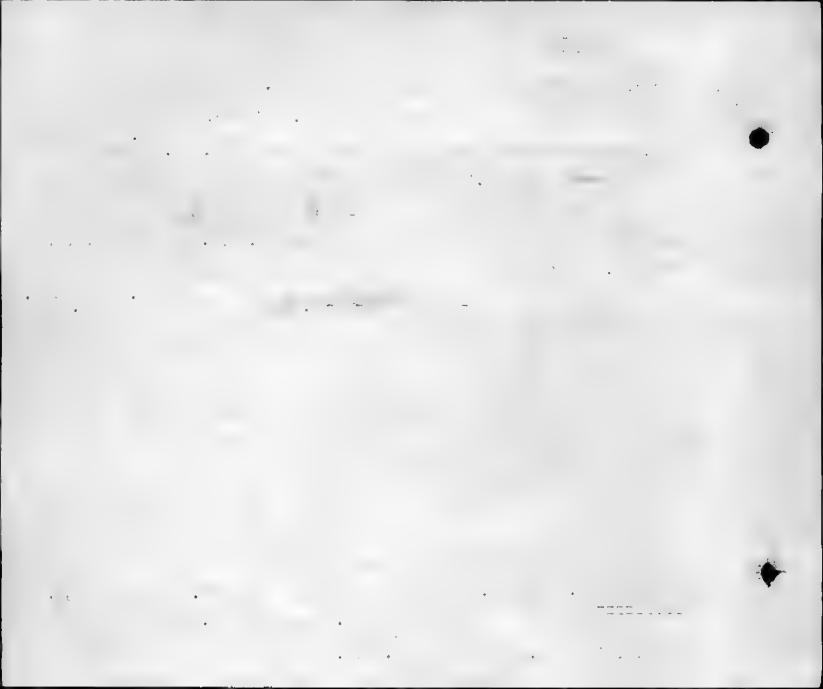
79-30-3802 Ernes	4203	Mt.Rain Eastern Av	ier,Md.
Fortal arke		IN	TERVAL BETWEEN

College Park Wd.

23d. LOCATION (City, town or county)

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE The S.H. Hines Co., 2901 14th St. N.W.

15M 9/60



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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CE	RTI	FIC.	ATE	OF	DE	ATH

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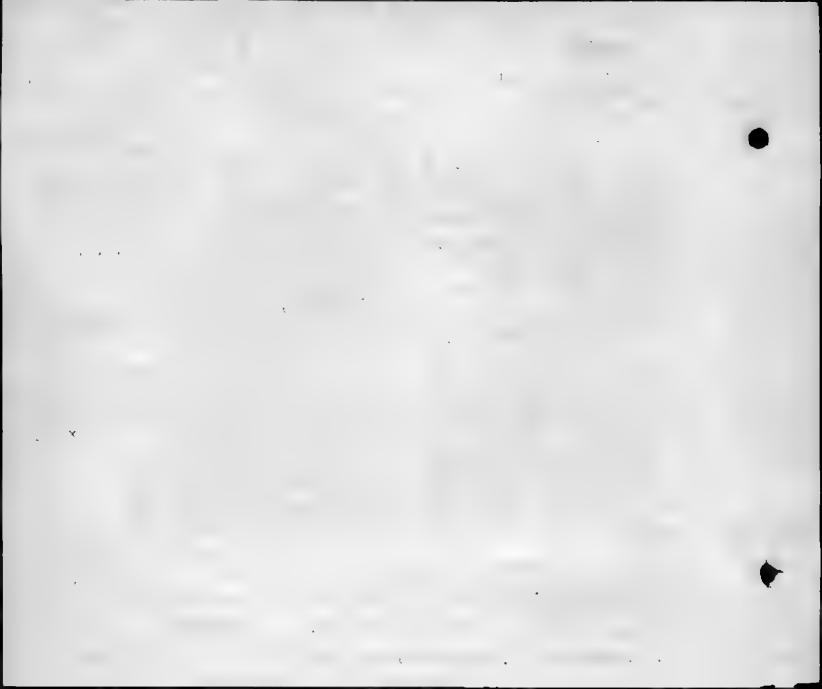
001968

	1, PLACE OF DEATH a. COUNTY					DENCE (Who	ere deceased liv		in Residence befare	admission)
	a. Cooliii	rince Geor	ge	MARYLAND	o. STATE	Maryl	and	b. COUNTY	Pr. Geo.	
)	6 CITY OR TOWN (II RURAL ond give ne Chever1		ts, write c. LENG	GTH OF STAY IN 16		ingsi		e limits, write RL G	JRAL and give near	est town}
n	d. NAME OF HOSPITA	AL (If not in haspital, g	ive street address)		d. STREET	ADDRESS			e	IS RESIDENCE ON A FARM?
7		rince Geor	ge Genera	al Hospita	211-	Randol	lph Ro	ad		YES NA
	3 NAME OF DECEASED	Fir	st	Middle	lo	st	4. DATE OF	Mont	th Day	Year
	(Type or print)	JO	HN	₩.	BRAWNE	R	DEATH	Jan.	22	19 62
	5. SEX	6 COLOR OR RACE	7. MARRIED 🔼 1	NEVER MARRIED	8. DATE OF BIRT		9	AGF (In years	Months Days	
	Male	White	WIDOWED 🔲	DIVORCED 🗌	July 26	<b>- 1892</b>	2   (	69 yrs	Months Days	Hours Min.
	100 USUAL OCCUPATIO	N (Give kind of work	dane 10b. KIND OI	BUSINESS OR IND	USTRY 11. BIRTHP	LACE (State of	or foreign coun	try)	12 CITIZEN OF	WHAT COUNTRY?
	Clerk	ing`life, even if retired	ndrews K	irforce B	ase	Virgin	nia		US	A
	13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	IAME			
1	John Albe	ert Brawner				Unk.				
	15. WAS DECEASED EVER			SECURITY NO. 17.	INFORMANT			Addr	ess	
	(Yes. na, ar unknown)	If yes, give wor or dates of s	ervice)		Mrs Virin	ia C.	Brawne	r S	ame as #	2.
	Canditions, if a gave rise la ir couse (a), storing lying cause lost.  PART II. OTH	nmediote DUE TO	Apolt DITIONS CONTRIB						2) 5- 2 dent 4 EN IN PART 1(0) 19	Oya, Day PERFORMED YES NO
	U (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO	OW INJURY OCCUR	RED. (Enter noture o	of injury in P	ort I or Port II	of item 18.)		
	ZOc. TIME OF INJUR Hour o. m. p. m.	/ Month, Day, Ye	While No	CCURRED 20e. of while work	PLACE OF INJURY foctory, street, offic	(Home, farm, e bldg., etc.	, 20f. (City or	town)	(County)	(State)
	saw the deceas	21 I certify that (I) (this haspital) attended the deceased fram 1754 19 to 22 fam 19 (02) that (I) (we) last saw the deceased alive an 22 196 and that death accurred 42 M, from the causes and an the date stated above.								
1	22c PHYSICIAN'S NAME (Type)	ey 20.	Fow 1. Lowry	ry	M.D. ATTENDIN PHYS 22d ADDR	ESS	RECTOR [_]	Pike S	22/67 E. Distr	22b. DATE SIGNED
	23g BURIAL CREMATIO REMOVAL (Specify)	Jen. 24		ame of cemetery shington				nd, Mar		(State)
	24 FUNERAL DIRECTOR		1661- Got Washingto	RESHONE RO	ad SE		D BY REGISTRA	R 25b REGIS	TRAR'S SIGNATUR	E

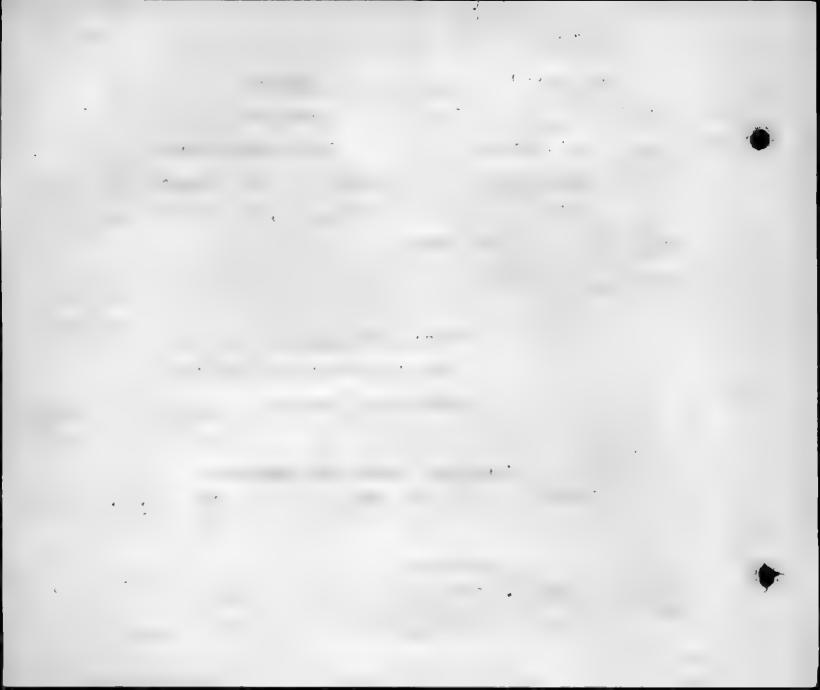


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) e. COUNTY necessary, ector. Page our files. b. COUNTY Prince George's Maryland Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 Hyattsville 3 mo Hyattsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 1434 Kanawha Street 1434 Kanawha Street YES NO Y 3. NAME OF First 4. DATE Middle DECEASED Myrle Hollycross (Type or print) Brener DEATH January 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. may 2 with last birthday) Months Deys Female White 1 and 2 v 62 yrs. WIDOWED [] DIVORCED [ 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of warking life, even if retired) Housewife Own Home pages 1 Within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emerson Hollycross File 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT permit. (Yes, no, os unkown) (Ifyesgivawarordatesofservica) Brener, same 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) /H 2/h/C K//L:/ Acute barbiturate poisoning burial-t Office DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), steting the underlying Medical Examine should be used a rial, cremation, or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED? EXAMINER: This 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY TO OF CONTRIBUTING Took excessive barbiturates CAUSE OF DEATH. the Chief A.R. Page 3 sl Puri. 1 20d. INJURY OCCURRED 1-20e. PLACE OF INJURY (Home, farm, ; 20f. (City or lown) 20c. TIME OF INJURY (County) (Steta) fectory, street, office bldg., atc.) Ö. Not While While 10 62 at work at work 1 Home F.G. Hvattsville Md. 03 21. I certify that I took charge of the remains described above, held an Autopsy K. 0 Inspection X Inquiry X I and in my opinion MEDICAL should be forwarded FUNERAL DIRECT death resulted from-Natural causes Accident Suicide Homicide Undetermined manner X CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY January 5,1962 Ames I. Boyd NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION 225. DATE THEREOF 22e. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State) REMOVAL (Specify) 240 g Plain City Burial 23. FUNERAL DIRECTOR 24a REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE VS. ATSME '62 arthur & Krans Riverdale, Marylandpate SM 9,60

-21 Film 306 MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. 7 Film G509 3/16/62 iwk. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased aved, If institution, Residence before admission) e. COUNTY b. COUNTY Prince George's MARYLAND b. C:TY OR TOWN (if outside corporate aimits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) Write RURAL and give neerest town? Laurel Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Rear Main Street Asquith NAME OF Middle DATE DECEASED OF (Type or print) Lawrence 1962 IF UNDER 24 HRS. Brennan January 9. AGE (In years ) IF UNDER I YEAR 6. COLOR OR RACE 17. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthdey) Monthsi Male February C1 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Groom Race track PM3. Pa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unnouse 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive were rdetes of service) Police Trues monoge 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH Exposure to cold IMMEDIATE CAUSE (e) Office burial-t DUE TO Fatty infiltration of the liver Conditions, if any, which (b) geve rise to immediate cause. DUE TO (e), stating the underlying cremation, o Adhesive pericarditis PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1-01 19. WAS AUTOPSY PERFORMED? NO · 20a. EXTERNAL CAUSE WAS PRIMARY KOT CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of item 18.) the Chief I R: Page 3 s ics to buris 20c. TIME OF INJURY (County) (State) factory, street, office bldg., etc.) Not While et work et work OR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry and in my opinion death resulted from: Natural causes Accident T Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER January 26, 1962 EXAMINER'S DEPU James Boyd NAME (Type) Address (Street, city, town, or county) 22a DATE THEREOF 122c. NAME OF CEMETERY OF CREMATORY 22d, LOCATION (City, town, or country) (State) REMISTAL (Specify) 240 g 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b REGISTRAR'S SIGNATURE VS. AISME Elm S. Kraus 5M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Prince George Maryland Prince George #12 12 MARYLAND b. CITY OR TOWN (if outside cosporate I m.ts, write RURAL and give pagest town) c. City OR TOWN (If outside corporata I mits, write RURAL and give neerest town) Kentland-I d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospitel, give street address, d. STREET ADDRESS IS RESIDENCE ON A FARMS 7646 Goodland Drive 7646 Goodland Drive YES NO completely 3. NAME OF Year 4. DATE DECEASED DEATH (Type or print) carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. and last durthday) Male Sept. 3, 1902 DIVORCED T WIDOWED [ 10a. USUAL OCCUPATION (Give kind of work 119 BIRTHPLACE (County & Stete, or foreign country) Merchant Termina 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired]
Engineer U. S. A. Georgia Corporation 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Brewer Lela Middleton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no, or unkown] [ (Ifyesgivewarordatesofservice) 213-18-3335 Dorothy E. Brewer Same as #2 (Wife) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c) INTERVAL BETWEEN LEROTIC CARDIOVASEVLAR DISEASE ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which certificate has been gave rise to immediate cause DUE TO (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Se U 2 NO · 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED (Entar nature of injury in Part | or Part | of item 18.) 20d, INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY (County) (State) Month, Day, Year factory, street, office bldg., etc.) Not While Hour a.m. at work at work 21. | certify that (1) (this hospital) attended the deceased from... saw the deceased alive on 22b. DATE ATTENDING SIGNED STAFF 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) death. P. director, pe be filed wii 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) 1/27/62 Meadow Ridge Mem. Pk. Elkridge, Md. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Hyattsville, Maryland DATE JAN 2 6 '62 Century S. Thouse Francis Gasch's Sons 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH



M	ARYL	AND	<b>STATE</b>	DEP	ARTMEN	T OF	<b>HEALTI</b>	Н

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 00979 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY Prince George's o. COUNTY o. STATE MARYLAND Prince George's Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town) 65 Riverdale Ma Adelphi Md e. IS RESIDENCE d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? OR INSTITUTION 43rd Street ... 6217 YES NOTES Paint Branch Nursing Home DATE Middle Year DECEASED BRIGGS ALMEDA January 26. 62 DEATH 19 (Type or print) 1870 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE | 7. MARRIED □ NEVER MARRIED □ S. SEX B. DATE OF BIRTH Months female white WIDOWED Tobo DIVORCED [ 12. CITIZEN OF WHAT COUNTRY? 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) SA Housewife own Home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles Hoflund Christine Anderson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Md Mrs Donald Harvey Riverdale no none INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH PART I DEATH WAS CAUSED BY. 3 do Sronchial IMMEDIATE CAUSE (o) DUE TO 10) Arterioschlerotic Heart Disease & Failure Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. DISEASE CONDITION GIVEN IN PART 1/o. PERFORMED? Left Hip 11.30.61 YES NO R 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I of Port II of item 18) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form 20f. (City or town) (Stote) Doy, Year 20d INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour o.m. While Not while at work of work p. m. 1-26 21 I certify that (1) (this hospital) attended the deceased from... 196 L that (1) (we) last saw the deceosed alive on 1-25 . 196. 2, and that death occurred of DAM, from the couses and on the date stated above 22o. SIGNATURE 22b, DATE SIGNED M D PHYS. MED. DIRECTOR STAFF PHYS 22c. PHYSICIAN'S 22d. ADDRESS Perry St. Mt. Ruinser M 3503 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town, or county) 23c NAME OF CEMETERY OR CREMATORY Jan 29, 1962 Cedar Hill Cemetery Suitland Md. 25b. REGISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR F. Gasch's Sons

C Blour & Kenser

Hyattsville, Md.

he VR A15 (4) 15M 9/59



1 1	MARYLAND STATE DEPARTMENT OF HEALTH
1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	00980 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.)	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, if institutions Residence before edmission) 6. COUNTY 6. STATE 6. COUNTY
our files.	Prince George's  b. CITY OR TOWN (I outside corporate limits, write RURAL and give neerest town)  c. LENGTH OF STAY IN 16  c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
lay is neces.	Cheverly  d. NAME OF HOSPITAL'OR INSTITUTION (if not in hospite), give street eddress)  d. STREET ADDRESS  o. IS RESIDENCE ON A FARM? YES \( \text{NO   X } \)
any de fun etaine State State death.	3. Name of ince George's General Hospital Last 4. Date Month Dey Year
± = - /	(Type or print) Daniel Walker Brookman Jr Death January 18 19 62
3 to	5. SEX   6. COLOR OR RACE   7 MADDIED   NEVED
9 E E	Male   White   widowed   Divorced   July 3, 1961   yrs   6 , 15
s 1, 2, a age 5 age 5 1 and 72 h	Tos. USCAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or fore.gn country)  12. CITIZEN OF WHAT COUNTRY?
ge ge	None None Maryland U.S.A.
PM3 PM3 with	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
E E E	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
ted with to with for with for with for any example.	No Daniel Walker Brookman Sr. same as #2
	1 B. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH
	IMMEDIATE CAUSE (6)_ PROUMONIA
	S DUE TO
~ = =	Conditions, if eny, which (b) geve rise to immediate cause DUF TO
	(a), staling the underlying (c)
E 2 X 3 2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
is ce cal E d be	YES NO X
TER: The value of Media	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  PERFORMED?  YES NO  PRIMARY OF CONTRIBUTING OF CONTRIBUTIONS CONTRIBU
EXAMINER: the Chief Mc R: Page 3 sh	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)  Hour e.m.   While   Not While   fectory, street, office bldg., etc.)
Cate, Care, Dror	21. I certify that I took charge of the remains described above, held an Autopsy   Inspection   Inquiry
ertifi ded scr	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
The The DIR	ACTUAL SIGNATURE  ACTUAL SIGNATURE SIGNA
DEPUTY ME should be forw FUNERAL D	EXAMINER'S January 18,1962
DINE GEST	NAME (Type) James I. Boyd  Address (Street city, town or county)  220. BURIAL, CREMATION (22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (22d. TOCATION (City, town, or country) (Slete)
DEP	Burial (Specify) 1/22/622 Arlington National Arlington, Va.
Dg4Dg	23. FUNERAL DIRECTOR ADDRESS 246 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. AISME 5M 9 60	Francis Gasch's Sons Hyattsville, Maryland DATE JAN 19'62 Chima & Hume
<i>on</i> 700	2076203166



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) a. COUNTY **b.** COUNTY Prince George's MARYLAND Maryland Prince George's
c. CITY OR TOWN (if ourside corporete limits, write RURAL and give neerest form) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give neerest town) d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, g ve street address) Cottage City d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3804 38th YES NO X Prince 3. NAME OF George's General Hospital DATE Year DECEMBED OF (Type or print) Anna Мяе Brown DEATH January 9. 19 62
AGE (In years | IF UNDER 1 YEAK) | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. L. HE OF BIRTH last birthday) Months age 5 may 1 and 2 wir 72 hours White WIDOWED T DIVORCED T October 15,1907 Female 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. B.RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of everking life, even if retired) Own Home District of Columbia pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Marion Smith Anna Gabriel Fuse File WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address 3109 Quenns (Yest no or unkown) | (Ifyes give werer detes of service) Helen Mildred Mt. Rainier, Md 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL RETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Acute congestive heart Failure IMMEDIATE CAUSE (a) Office DUE TO Hypertensive cardiovascular renal disease Conditions, if any, which ? geve rise to immediate cause DUE TO (e), steting the underlying pesn PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1[81] 19, WAS AUTOPSY PERFORMED? 8 Diabetes NO 📆 DIJ0 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of layery in Pert I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While forwarded to the et work | et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry ke and in my opinion death resulted from Natural causes X Accident | Suicide I Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER TY. 1/9/62 EXAMINER'S NAME (Type) DEP James Boyd M.D. Add Address (Street, city, town, or county) 220. BURIAL, CREMATION, 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 6 Arlington National Cem\_ Ft. buria 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE DATE AN 1 1 '62 VS. A15ME Co.-2901 14th St arling S. Thurs 5M 9/60

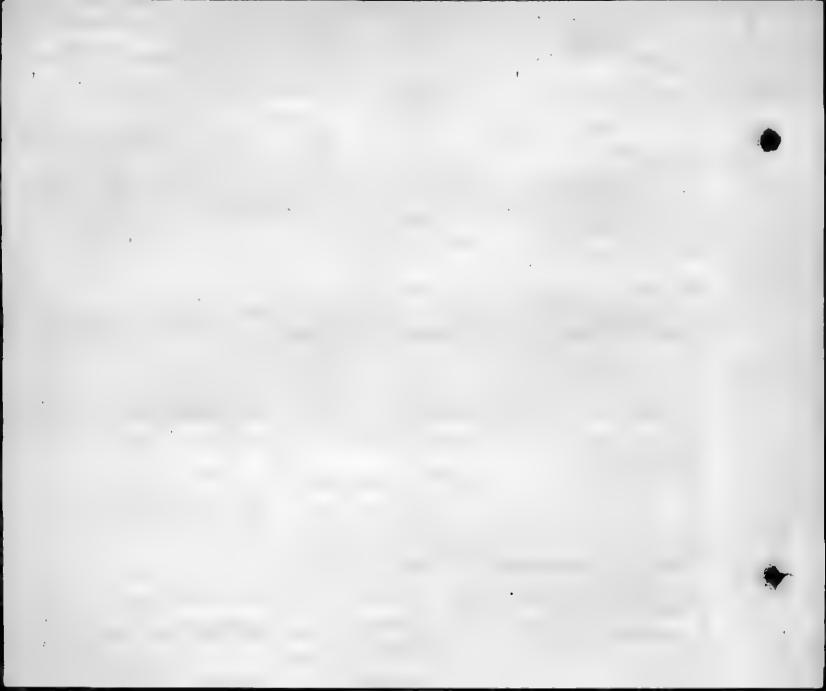


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edimission) a. COUNTY b. COUNTY Prince George's Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) heverly Chapal Oakes d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 5700 Sheriff Road YES NO 3. NAME OF Middle 4. DATE Year DECEASED OF (Type or print) Evel vn DEATH Frances Brown January 19 를 with 8. DATE OF BIRTH 9. AGE (In yeers | IF JNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 2 wil last birthday) Months 1 Days Hours F'emale WIDOWED T DIVORCED 10s. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State 12. CITIZEN OF WHAT COUNTRY done derno most of workings life, even if retired) Own Home District of Columbia pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ernest Spence Lilly Mae Walters 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, or unkown) (Ifyesgive werordeles of service) Raymond Nierrie Coleman Fairmont Hts 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) PULMONARY TUBURCULOTIS burial removal Conditions, if any, which (b) geve rise to immediate cause 62 (0 DUE TO (a), stating the underlying Se ö nsed cause lest. PART II. OTHER S GN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL D. SEASE CONDITION GIVEN IN PART 1 911 19, WAS AUTOPSY PERFORMED? NO CERTIFIC 20a. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of Item 18 PRIMARY TI or CONTRIBUTING TI CAUSE OF DEATH. Chief age 3 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While et work et work 50 ਜ਼ਿਲ੍ਹ 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry X and in my opinion death resulted from. Natural causes Accident Suicide Homic.de 1 Undetermined manner forwarde L DIREC CHIEF MEDICAL EXAMINER should be forw.
FUNERAL DI.
r its designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE January 18,1962 EXAMINER'S NAME (Type) James I. Boyd DEP Address (Street, city, lown, or county) 226. BURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country, REMOVAL (Specify) Q40 p MEMORIAL URIAL LINCOLN 23. FUNERAL DIRECTOR VS. AISME 5M 9/60 YO

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) . COUNTY b. county Prince Page files. rince George's Gworge's Maryland MARYLAND b. CITY OR TOWN (if outside corporate timits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) months Brown a. JS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? Marlboro Ritchie Road Marlboro Ritchie Road YES NO NAME OF Middle DECEASED 62 January Charles Brown DEATH (Type or print) Frank d 2 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K 9. AGE (In years IT UNDER 1 YEAR IF UNDER 24 HRS. R DATE OF BIRTH last birthday) Months March Colored WIDOWED [ DIVORCED [ Male 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) S. A. Maryland None None 14. MOTHER'S MAIDEN NAME Laicia Johnson 13. FATHER'S NAME Alfred Edward Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unkown) (Ifyespiva warordalasofservica) Alfred Edward Brown, same as INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), l ONSET AND DEATH Hydrocephalus due to congenital cyst in brain IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying SB pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? eg Resolving pneumonia, Congenital heart disease YES INO edical ould be 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part | or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 3 the certificate, writing the forwarded to the Chief MIL DIRECTOR: Page 3 should be about. Brice to burial CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., atc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry TC and in my opinion should be forwarded to FUNERAL DIRECTO death resulted from: Natural causes X Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE January 29,1962 DEPUTY MEDICAL EXAMINER 127 Boyd James I. plnous NAME (Typa) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) 220 BURIALD CREMATION, ₫40 g 240. REC'DASY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. AISME 1 thus & Know 5M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If institution, Residence before admission) a. COUNTY COUNTY a. STATE Prince George's Prince George's MARYLAND Maryland b. CITY OR TOWN of pulside corporeta limits, c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Cheverly Cedar Heights d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress, d. STREET ADDRESS B. IS RESIDENCE ON A FARM? 6418 J Street Prince George's General YES NO 3. NAME OF Midde DATE Month Yaar DECEASED (Typa or print) DEATH 1967 George January Brown 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Ma.le Negro WIDOWED [ DIVORCED [ December 10e. USUAL OCCUPATION (Give kind of work 19b; KIND OF BUSINESS OR INDUSTRY , 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (If yas giva war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Bilateral Hydrothorax. Congestive heart failure. days IMMEDIATE CAUSE (a) Oldd coronary occlusion with mural thrombus Multiple pulmonary emboli. gave rise to immediate cause (a), stating the underlying Coronary Arteriosclerotic Heart Disease vears causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY PERFORMED? NO T Cerebral thrombosis (left parieto-occipital lobe) 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Part I or Pert II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (Cily or town) factory, street, office bldg., atc.) Not While While Hour a.m. at work at work 21. | certify that (I) (this hospital) attended the deceased from December 12, 1961, to January 13 1961, that (I) (we) last saw the deceased alive on January 13, 19 61, and that death occured at 3,000, from the causes and on the date stated above. 22a SIGNATURE ATTENDING SIGNED STAFF PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) 23e. BURIAL, CREMATION, 23b. REMOVAL (Specify) 286. REGISTRAR'S SIGNATURE VR A15 (4) Cirllian S. Traus 15M 9/60

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physician and

has



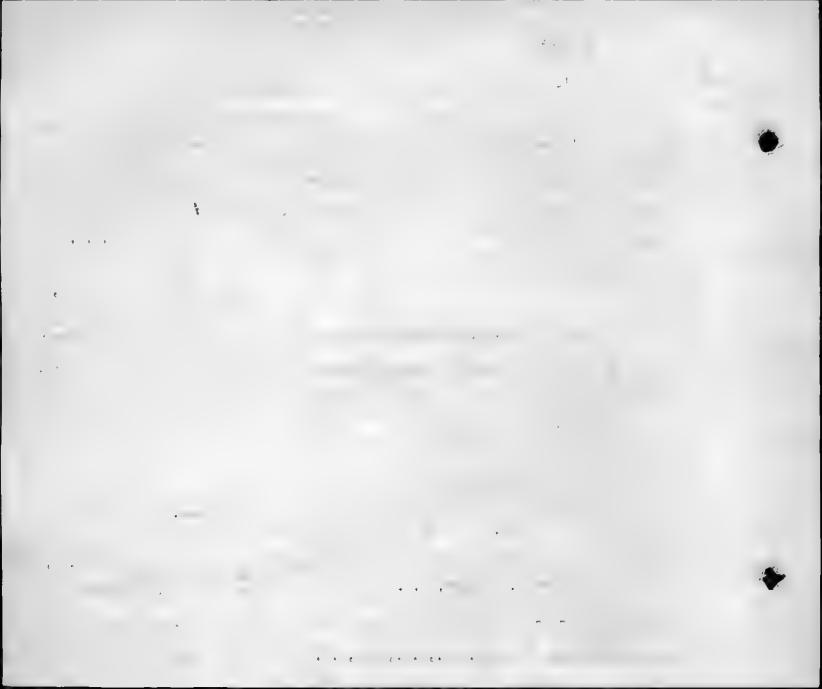
A-218
ould a
hours and the fur Markh.
ad within 24 hours after significant and 2 should hours after death.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.  TO FUNA R. DIRECTOR: After this certificate has been signed by the attending physician and complete; and in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers flages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
s that the death coan. an. y the attending ph mit. Then please removal, and in a
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires if death. Per 4 may be retained by the hospital or attending physician. O FUNX. S. DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transit permit be filed with the State Dept. of Health prior to burial, cremation, or ret
G PHYSICIAM: by the hospital or r this certificate lad for use as the ealth prior to but
OR ATTENDIN nay be retained to INECTOR: After should be detack State Dept. of H
O HOSPITAL (death. Prof. 4 m of rector, page 3 be filed with the
VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF THEALTH.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 00985

a. COUNTY		2. USUAL RESIDENCE		red, If institution; Residi COUNTY	anca befora admission)
Prince George's	MARYLAND	Marylar		Prince_Geo	nruels
b. CITY OR TOWN (if outside comporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15		f outsida corporata fimit		
Cheverly	lı days	// Hyattsvi	llle		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	pital, give straet eddress)	d. STREET ADDRESS			e. IS RESIDENCE
Prince George's General He	ospital	3618 Coo	oper Avenue		ON A FARM?
3. NAME OF First	Middla	Last	4. DATE	Month Da	y Yaar
DECEASED (Type or print)	Uomees	Danasana	OF DEATH 1	m., m. 7	19 62
5. SEX 6. COLOR OR RACE 7. MARRIES	Henry	Browne	U	anuary 7	
			last birt	hday) Months Days	
Male White Whower  10e. USUAL OCCUPATION (Giva kind of work , 10b. KI	in the second se		1920   47	yrs.	OF WALL COUNTRY
dona during most of working life, even if ratirad	ND OF BUSINESS OR INDUSTR			- **	OF WHAT COUNTRY?
Clerk		Maryland		U.	S.A.
13. FATHER'S NAME Floyd Grant Browne		14. MOTHER'S MAIDEN	NAME -7		
r toya Grant Browne		Susan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unkown) (Ifyasgivawarordalesofservice)	SOCIAL SECURITY NO. 17.	NFORMANT	A	ddress Hvatts	eville, Md
YES 2 24 WW	A	gnes Elizabet	h Browne	3618 Cooper	
18. CAUSE OF DEATH [Enter only ona cause par fi		~	-	11	NTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	estive Heart F	oilwa			ONSET AND DEATH
	PROTAC TOWLD T	WTT#1.	*		1 1001
DUE TO	manager Autores	Décasa			di eranen
gava rise to Immediata cause	ronary Artery_	DIRCHA	10 O-00 A		4 years
(a), stating the underlying DUE TO					
cause test. (c)	This issue to be the burning				10 1444 41170004
PART II, OTHER SIGNIF CANT CONDITIONS CON		OT RELATED TO THE TERMIN	IAL DISEASE CONDITIO	ON GIVEN IN PART I(#)	PERFORMED?
5   Left Illiae	Embolism				YES NO K
PART II. OTHER SIGNIF CAN'T CONDITIONS CON  Left Illiae    200. ACCIDENT WAS UNDERLYING   20b. DESC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	), (Enter netura of injury in f	art I or Part II of item 1	8.)	
20c. TIME OF INJURY Month, Day, Year 20d. 1 Hour e.m. While at work		CE OF INJURY (Homa, farm		(County)	(Stata)
Hour e.m. While		lory, straet, office bldg., atc.	1		
		Annil	10 5th	n 17 10 60	Cthat (I) (we) last
21. I certify that (I) (this hospital) attend	ned the deceased from.		- /		***
saw the deceased alive onJan.		death occured atOI	M, from the ca	uses and on the	22b. DATE
220 GIGATURE			AED. STAFF		SIGNED
morres . Horges	rige N		RECTOR PHYS.		Jan. 8, 196
22c. PHYSICIAN'S NAME (Type) Charles C Had	geage, M.D.	22d. ADDRESS	3308 Perry		
	_			ier, Maryla	
23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (C	ity, town or county)	(State)
Burial 1-10-62	Cedar Hill C	emetery	Suitlan	d, Maryland	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC	D BY REGISTRAR 25		
Deal Funeral Home 4812 Ga	a.Ave., N.W., Wa	sh.D.C. DATE	9 '62	aring S. The	uth



## MARYLAND STATE DEPARTMENT OF HEALTH

80986	TATISTICAL RESEARCH AN CERTIFICAT		1, MARYLAND	00978
1. PLACE OF DEATH a. COUNTY Prince Death	MARYLAND	2. USUAL RESIDENCE (Where do	ceased lived. If institution:  b. COUNTY	Residence before admission)
b CITY OR TOWN (If outside corporate fimits, with RURAN and give nearest to in)	LENGTH OF STAY IN 16	c. CITY OR TOWN-(If outside	corporate limits, writerRURA	L ond give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street or A714 Sheridan Street	.ldress)	14714-5A	endan E	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) JAMES	LAWK ENC	ce Buckle for		3 196 Z
make W WIDOWEL		Seft 9, 190		Onths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b K during most of working life, even if retired)	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fore	Sort Com	12 CITIZEN OF WHAT COUNTRY?
IR FATHER'S NAME MES BU	CKLEY	14. MOTHER'S MALDEN NAME KATHER	INE CR	KILKO
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. S   1/es, no, or unknown)   (if yes, give wer or dates of service)		ormant Buchl	ay 47/4.	- Sheridan ST.
1B. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (0). (b). and (c).]	myocard	itis	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stoting the under-lying couse lost	irhois a	f hives ?	ascites	2 mgskl
PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL D	SEASE CONDITION GIVEN	IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
20% ACCIDENT WAS UNDERLYING [] 20%. DESCI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED.	. (Enter nature of injury in Port I c	r Port II of item 1B.)	
Z0c TIME OF INJURY Month, Doy, Year 20d IN. Hour o. m. P. m 19 of work	Not while focts	CE OF INJURY (Home, form, 20f. ory, street, office bldg., etc.)	(City or town)	(County) (State)
21. I certify that (I) (this hospital) attended saw the deceased alive an 1/2 220, SIGNATURE	/ 7	eath accurred at M. f.		that (I) (we) last an the date stated above.
22c. PHYSICIAN'S NAME (Type) IGN #71VS	PUTKOSKi)	ATTENDING MED. DIRECTO  ADDRESS  19-	-6 37. B	1/5/62 W Work, RLX
23a BURIAL CREMATION, 23b. DATE THEREOF 1/9/61	23c NAME OF CEMETERY OR Mt. Olivet		OCATION (City fown, or c	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2So. REC'D BY R	EGISTRAR 2Sb. REGISTRA	AR'S SIGNATURE
Francis Gasch's Sons	Hyattsville, N	Md. DATE MAN 9	'62 arthur	1 S. Kraue

Hyattsville, Md.

a D.F

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 0987 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) **b. COUNTY** MARYLAND ECRGE b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 RURAL and give nearest town) plant 2 1105 NASHINICTON EABROOK d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 1608 4468 GARRISON YES NO 🔀 2. b NAME OF First Middle 4. DATE Manth Year DECEASED OF DEATH (Type or print) 19 6 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 5. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Hours **作じ从み**しら CAUCASIAN WIDOWED M DIVORCED [] 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOUSEWIFE 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME UNKNOWN UNKNOWN -PARKER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 2609 NEWTON MRS EVELY CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 102 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Slote) factory, street, office bldg., etc.) Hour 0. m. While Not while at work $\square$ at work 21. I certify that I attended/the deceased fram. 1962 that I last saw the deceased 6:30 MM, from the causes and an the date stated above. and that death occurred at ADDRESS (Street, cital or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22d, LOCATION (City, town, or county) (Stole) REMOVAL (Specify) 0

24a. REC'D BY REGISTRAR

DATE

246. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased Iryad, If institution, Residence before admission) a. COUNTY b. COUNTY Maryland Prince George Prince George MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town] Fairmont Heights D.O.A. d. NAME OF HOSPITAL OR INSTITUTION (if not an hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 6018 Sheriff Road General Hospital George's YES TO NO TE 1. NAME OF 19 62 DECEASED BEATH January Burroughs El sine (Type or print) Tda 6. COLOR OR RACE 17. MARRIED THEYER MARRIED 8. DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Coloredwoower Female DIVORCED [ H'emale Colored widowed Divorced December 3, 1890 7.

100. USUAL OCCUPATION (Give kind of work 100. KIND OF BUSINESS OR INDUSTRY) 11 BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) School Pustodian Maryland U.S.A. pages 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William Edward Broome File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMAN 1037 Brantly Address (Yas, no, or unkown) | (Ifyesgivewarordatesofservice) Bernard Earlington Burrows Baltimore, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure DUE TO Arteriosclerotic heart disease gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIF. CANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18 ) PRIMARY | or CONTRIBUTING | ief 5 3 buri 1 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Homa, farm, , 20f. (City or town) 20c TIME OF INJRY Month, Day Year County) (Stata) factory, street, office bldg , atc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry X and in my opinion death resulted from, Natural causes v Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED d should b.
FUNERAL. SIGNATURE DEPUTY MEDICAL EXAM NER ames I. Boyd NAME (Typs) Address (Streat, city town, or county) 228. BURIAL, CREMATION | 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) Mt. Auburn Baltimore, Maryland Buriak 23. AHMERAL DIRECTOR 248 REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME -H Street, N.E. D. C. JAN 2 9 '62 arthur S. Krous SM 9 60



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		00337	Item	s 23 Film	G405 1	<b>DEATH</b>	iwk			1383
1.	PLACE OF DEAT	H			2. USUA	TE .		I lived, If instit  5. COUNTY	tution: Residenc	se before edmission)
		ince George		MARYLAI	VID CIV	В. С				
	b. CITY OR TOWN write RURAL en	(if outside corporate limit digive nearest town)		LENGTH OF STAY IN	l 1b c, CITY	OR TOWN (III	outside corporate l	ımits, write RU	RAL end give r	nearest Iown)
	Glenn_Dal	e (rural)		19days			uington		477	<u> </u>
	d. NAME OF HOSP	TAL OR INSTITUTION (	f not in hospite	ol, give street address)	d. STRE	ET ADDRESS				e IS RESIDENCE ON A FARM?
		le Hospital					13th St	. N.W.		YES NOT
3.	NAME OF DECEASED	First		Middle	Las	ri i	4. DATE	Month	Day	Year
	(Type or print)	Lydi		A.	Butle	r	DEATH	1	4	19 62
	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF B	IRTH			JNDER 1 YEAR	IF UNDER 24 HRS.
	Female	Negro	WIDOWED	DIVORCED [	7/24/	1880	1 81	ALT: MO	onths Days	Hours Min.
10a do	ne during most of w	ION (Give kind of work	10b. KIND	OF BUSINESS OR INC	USTRY 11. BIRTH	PLACE (County	& Stelle, or fore g	n country)	12. CITIZEN O	WHAT COUNTRY?
-	Housewif		-7 ↔			Md.		i	U.S.A	
13.	FATHER'S NAME				14. MOTHE	R'S MAIDEN N	AME			_
	Louis Cu	rtis				Unknown	1			
		ER IN U.S. ARMED FOR	CES? 16. SO	CIAL SECURITY NO.	IZ INFORMAN	E Smit	h danght	Address OS	2 12+h	C4 NI TI
_	No	-	14100)	None	deceden	t	uaugiio	Wash	nington	. D. C.
		EATH (Enter only one	cause per line	for (a), (b), and (c).		ar-arcan.		******	INI	ERVAL BETWEEN
	PART I. DEAT	H WAS CAUSED BY:	Cereb	ral vascul	ar accide	ent with	left he	m i		3 months
	331	X DUE TO	paral	ysis				MILE-		J-440110110
	Conditions, if an	, which (b)								
	gave rise to immed (e), stating the u	S BLIEFA								
	cause lest.	J (c)								
5		R S.GNIFICANT CONDIT								9. WAS AUTOPSY PERFORMED?
CERTIFICATION	Pulmonai	y tuberculo	osis, f	ar advance	d; genera	lized a	arterioso	lerosi	S.	ES NO T
í H	20s. ACCIDENT W	AS UNDERLYING	2Db. DESCRI	BE HOW INJURY OCC	URED. (Enter neture	of injury in Pe	rt I or Pert II of ite	m 18.)		
Ü	(IF EITHER, NOTIFY	MEDICAL EXAMINER								
3	20c. TIME OF INJU	JRY Month, Day, Yee			PLACE OF INJUR		2Df. (City or to	wn)	(County)	(Stete)
Š	Hour e.m.	19	While et work	Not While et work	paciory, sirem, on	ica biog., eic.)	i !			
	21 I certify	that (I) (this hospita	al) attende	d the deceased fr	om. 12/	161	61., to	1/1	19.62. 11	nat (I) (we) last
		ed alive on1								
	22e SIGNATURE	1. a f.	0							22b. DATE
		nucl u	Miss		M.D. PHYS.			AFF YS.	1,	/4/62 SIGNED
	22c. PHYSICIAN'S				22d. A	DDRESS CT	ann Della	II a mai t	1	
	5 1 5 2 2 P 19		iss. M	. D.		Xi.	enn Dale enn Dale	TOSDIL	'ar	
	NAME (Type	Noe We	2003 11					_ Ma_		
234	BURIAL, CREMAT	NOE WE		3c, NAME OF CEME	ERY OR CREMATO	DRY	23d. LOCATION	(City, town o	county)	(State)
		NOE WE	FOF 2			DRY	Bushwo	(City, town o	ryland	(State)
	BURIAL, CREMAT	Noe We 1/8/62	FOF 2	3c, NAME OF CEME		ery	23d. LOCATION	od, Ma	ryland	URE
	BURIAL, CREMAT REMOVAL ISpecify Buried	Noe We 1/8/62	FOF 2	3c. NAME OF CEMEN		ery   25a REC'E	Bushwo	od, Ma	ryland	URE



## PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Whare decaased lived, if institution; Rasidanca before admission) a. COUNTY b. COUNTY c. CITY OR TOWN (If outside corporate lumits, write RURAL and give pagrast town) b. CITY OR TOWN (if outside corporate limits. c LENGTH OF STAY IN 16 write RURAL and give nearest town ANDREWS AIR FORCE BASE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO NAME OF DECEASED DEATH (Typa or print) IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B 9. AGE (In years | IF UNDER I YEAR DATE OF BIRTH last birthday) Months WIDOWED [ 12. CITIZEN OF WHAT COUNTRY? physician done during most of working life, even if ratirad) 'UDE NIT 13. FATHER'S NAME please and in a ding 16. SOCIAL SECURITY NO. 1 17. IN ORMANT eanl 18. CRUSE OF DEATH [Enter on y one cause per line for (a), (b), and (c) CARDIO RESPIRATORY IMMEDIATE CAUSE (a) MULTIPLE INTERNAL INJURIES INCL CRUSHED CHET, gave risa to immadiata causa DUE TO (a), stating the underlying TRAUMA PART II, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 118/1 19. WAS AUTOPSY PERFORMED? YES NO 1 208. ACCIDENT WAS UNDERLYING 20b. E OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yaar (Stata) factory, streat, offica bldg., etc.) 8 JAN 1967-that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from ..... 8 Jan. 62...., 19 .... to saw the deceased alive on 8 January 19, 62, and that death occurred at 100 more than causes and on the date stated above 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) RUFUS Capt USAF MC USAF HOSP ANDREWS AIR FORCE BASE, MD 23a, BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) ARLINGTON NATIONAL CEMETERY 0 ADDRESS 5732 GEORGIA ASTERED W REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60



YR A15 (4) 15M 9/59

MARYLAND	STATE	<b>DEPARTMEN</b>	T OF H	EALTH
<b>DIVISION OF STATISTICAL</b>	RESEARCH	AND RECORDS -	BALTIMOR	E 1, MARYLAND

CERTIFICATE OF DEATH

00003

001985

1. PLACE OF DEATH a. COUNTY MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission), o. STATE  b. COUNTY  b. COUNTY  C
b. CITY OR TOWN (If outside carparate limits write c. LENGTH OF STAY IN 1b RURAL and give nearest fown)	c. CITY OR TOWN (If autside carporole limits, write RURAL and give neares town)
A MARIE DE MOCRITAL (I seat in barrier) give street address)	d. STREET ADDRESS e. IS RESIDENCE
d. NAME OF HOSPITIAL (If not in hospital, give street address) OR INSTITUTION	ON A FARM? YES NO
3. NAME OF First Middle	Last 4. DATE Month Day Yeor
(Type or print) NARION ARLIE	14227442 DEATH / 3 1962
15 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH 9. AGE (In years of last birthday) 1/28 188 8 9. AGE (In years of last birthday) wrs. IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11 BIRTHBIACE (State or foreign country) 12.CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) Agent Telegraph Co.	Ark. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Callahan	Ellan Sparks
	NFORMANT Address
(If yes, give wor or dates of service) no	
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	
3 2 7 × DUE TO	
Conditions, if ony, which) (b) His worth	in condition promet.
gave rise to immediate couse (a), stating the under-	
lying couse last. (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  Cere from the modern	in moutel YES □ NO □
205 ACCIDENT WAS UNDERLYING   205. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING   CAUSE OF DEATH (IF ITHER, NOTITY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of Item 18 )
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pt	ACE OF INJURY (Home, form,   20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED FOR Haur o. m., p. m. 19 While at wark day w	ctory, street, office bldg., etc.)
21. 1 certify that (1) (this hospital) attended the deceased from.	
	death accurred at M, fram the causes and on the date stated above.
220 SIGNATURE	ATTENDING MED STAFF PHYS DIRECTOR PHYS PHYS DIRECTOR PHYS PHYS DIRECTOR
Whatel C Edgren	A D PHYS DIRECTOR DIRECTOR 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
122c PHYSICIAN'S NAME (Type) DON ALD C. EDGICEN	Hyattier was Harry land
230 BURIAL, CREMATION, 236, DATE THEREOF 23c, NAME OF CEMETERY C	
Burran 1/5/62 Ft. Lincoln	Colmar Manor, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
Francis Gasch's Sons Hyattsville,	Md. DATE JAN 5 '62 O Thur & Krand



VR ATS (4)

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

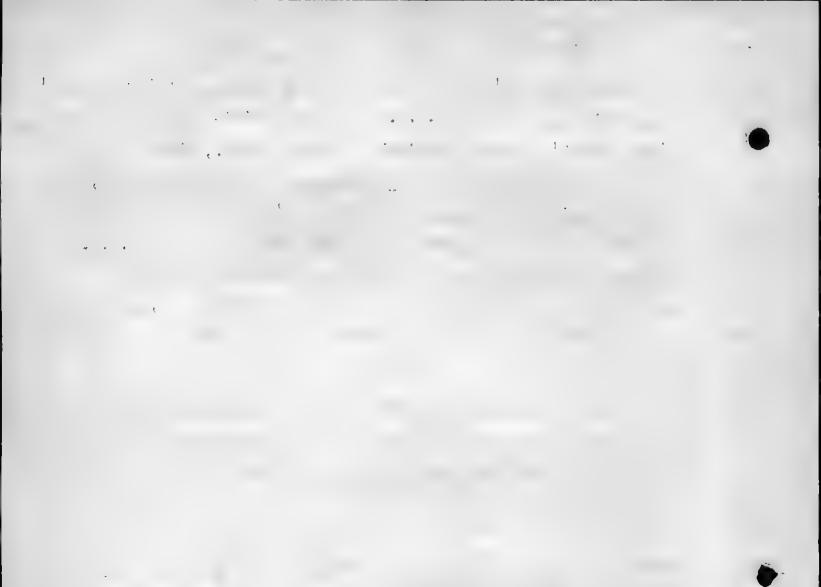
	334					4 1 1 1	47 17 1	
1. PLACE OF DEATH		11 2		NCE (Where decesse		nı Residence	before adm	ssion)
Prince	Georges	MARYLAND	e. STATE	D. C.	b, COUNTY	-		
b. CITY OR TOWN (if outside write RURAL and give need	corporete timits, c. 18	NGTH OF STAY IN 16	c. CITY OR TOWN	V (If outside corporate	limits, write RURAL	and give ne	erest town,	
Glenn Dale (	rural) NSTITUTION (if not in hospital, g	6 days	d. STREET ADDRES	Washington	_	<b>1-7</b>	d. IS RESID	
Glenn Dale	Hospital			800 49th F	lace, N.	E.	YES NO	
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	Yeer	
(Type or print)	Betty	-	Cary	OF DEATH	1	29	19 6	52
5. SEX 6. COL	OR OR RACE 7. MARRIED 7	NEVER MARRIED   B. E	ATE OF BIRTH	9. AG	E (In years IF UND birthday) Month	ER 1 YEAR I	F UNDER 24	HRS.
	egro widowed X	DIVORCED	1859?	1 707	O.T. Month	s Days	mours N	AIR.
10a. USUAL OCCUPATION (Giv done during most of working life.	e kind of work   10b. KIND OF	BUSINESS OR INDUSTRY	11. BRTHPLACE (Co	unty & State, or fore	n country) 12.	CITIZEN OF	WHAT COU	NTRY?
Housewife		<b>+</b>	Va.			USA		
13. FATHER'S NAME		14	. MOTHER'S MAIDE					
Jim Taylor			Jennie	e Lewis				
15. WAS DECEASED EVER IN U.S. (Yes, no, or unkown)   (Ifyesgive)					Address			
No -	Unkno	own Dec	edent			_		
	Enter only one cause per line for	(e), (b), and (c).]					RVAL BETWE	
PART I, DEATH WAS O	TE CAUSE (e) Pulmona  DUE TO	ry emboli, le	eft lung	-		1	day	-
Conditions, if any, which		ated thrombus	s, right a	trium		u	ukmowin	
gave rise to immediate cause (a), stating the underlying	S DUE TO							
ceuse last.	(c)			u				
12   Pneumonitis.	cant conditions contributions to the pright; hypertex bral vascular a	isive and art	eriosclero	otic cardio	orion given in P ovascular		PERFORMI S NO	ED?
200. ACCIDENT WAS UNDE OR CONTRIBUTING CAUS U (IF EITHER, NOTIFY MEDICA	RLYING [] 206. DESCRIBE !	HOW INJURY OCCURED. (E			om 16.)		_	
3 20c. TIME OF INJURY M		To the second		arm, 20f. (City or to	own) (	County)	(Ste	te]
20c. TIME OF INJURY M Hour e.m.		of While rectory	, street, office bldg.,	eic.)				
	(this hospital) attended t	he deceased from 1	/23/	19,62 10	1/29/	19.62 the	et (I) (we	) las
saw the deceased aliv		19.62 and that d			causes and o	n the date	e stated a	bove
22e. SIGNATURE	2 land		ATTENDING_	MED. S	TAFF		22b. D.	ATE
Ul	e litur	M.D.	PHYS.	DIRECTOR PI	iys.		1/29/1	196
22c. PHYSICIAN S NAME (Type)	Moe Weiss, M.D.		22d. ADDRESS		n Dale Ho n Dale, M	-		
230. (BUR AL) CREMATION, 238	5. DATE THEREOF 23c.	Summer of CEMETERY OR		( Klas)	rell ,	UN.	(State)	
Milded Brown	Quen Fro	Leucho by ?	DATE	REC'D BY REGISTRAR		L'S SIGNATU		



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY files. Prince George! MARYLAND Maryland Prince George's b. CITY OR TOWN (if outs de corporate limits. c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give neerest lown) Riverdale Oxon Hill d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), g ye street eddross) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 6490 Oxon Hill Memorial Hospital YES NO I refaint NAME OF Middle 4. DATE Year DECEASED (Type or print) Franca Castle DEATH 62 January 19 death. Ind 3 to 6. COLOR OR RACE 7, MARRIED X NEVER MARRIED 5. SEX AGE (In years LIF UNDER TYEAR IF UNDER 24 HRS. last birthdey) Months 1931 30 yrs. Female WIDOWED [ March 16. 10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page 1 an 72 done during most of working life, even if retired) House wife Own Home Italv pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Neri Battaglini Elaine Pilsen 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we rar detes of service) Guy Wilkinson None Stuart Castle. same Office along w burial-transit pe 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) Hemorrhage and shock Gun shot wound of the head gave rise to immediate cause (6) DUE TO (e), stating the underlying Examiner cremation, PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY The certificate, writing the word "provarded to the Chief Medical Exa ID DIRECTOR: Page 3 should be us lated agent, prior to burial, cremation PERFORMED? K NO 4 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Part II of item 18.) PRIMARY X) or CONTRIBUTING [ Torwarded to the Chief M Torwarded to the Chief M (L DIRECTOR; Page 3 sh Shot self in head MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While 19 62 et work det work x Home Oxon 21. I certify that I took charge of the remains described above, held an Autopsy. Inspection 🗶 , Inquiry 30 and in my op'nion death resulted from: Natural causes Suicide Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE O DEPUT James I. Boyd Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY DATE THEREO 22d. LOCATION (City, town, or country) 40 24a. REC'D BY REGISTRAR VS. A15ME



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY f les. Health, a. STATE **b.** COUNTY b. CITY OR TOWN (if outside corporate limit) MARYLAND Maryland Prince George s.c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) D. O. A. Hyattsville e. IS RESIDENCE ON A FARM? Prince George's General Hospital YES NO TO DECEASED [Type or print] DEATH Donald Lee B. DATE OF BIRTH January 24
9. AGE (In yeers I IF JNDER 1 YEAR w.th 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. August 22,1961 last birthday) Months Hours 5 mg WIDOWED [ DIVORCED [ Male 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) pages 1 within None None Maryland
14. MOTHER'S MAIDEN NAME U.S.A. 13. FATHER'S NAME File Willard Vinard C havers Ruth Caroline Kline 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes, no, or unknwn] ! [[fyesoivewerordetesofservice] Willard Vinard Chavers, same as None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), Office along v burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY-Acute congestive heart failure IMMEDIATE CAUSE (a) DUE TO OH Congenital heart disease, septal defect Conditions, if any, which gave rise to immediate cause un (b **DUE TO** (a), stating the underlying pesn cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a), 19, WAS AUTOPSY CERTIFICATION PERFORMED? 8 Medical I NO T 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. Chief 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) 908 (County) (State) 0 factory, street, office bldg., etc.] While Hour e.m. Not While OR: P at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion forwarded L DIRECT Natural causes XX death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER should ... forward FUNERAL DII ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** DEPUT James I. NAME (Type) Boya Address (Street, city, town, or county) 226. BURIAL CREMATION, 226. DATE THEREOF L 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) REMOVAL (Specify) 40 8 23. FUNERAL DIRECTOR REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE DATE JAN 3 1 '62 VS. A15ME C. Thur S. Thouse 5M 9/60 2017/11/16 Chambers



RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH LTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE [Where decessed lived, if institution; Residence before edmission] e. COUNTY files. Health, Page e. STATE b. COUNTY b. CITY OR TOWN (if outside corporets limits) MARYLAND Maryland Prince George's c. LENGTH OF STAY IN 15 write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), g ve street eddress) Hyattsville a. IS RESIDENCE ON A FARM? NAME OF YES NO V Longfellow Longfellow Street 3907 DECEASED OF (Type or print) DEATH Estelle Clark January 24 19 7 0 6 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Days White. WIDOWED TO DIVORCED Female June 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Home Maryl and 13. FATHER'S NAME Susan Fenhagen Nelson Ridgel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) ! (If yes give were ridetes of service) Office along with f burial-transit permit amoval, and in any e Myrtle Marie Kruger None Same INTERVAL BETWEEN 18. CAUSE OF DEATH finiter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) Pneumonia DUE TO Conditions, if any, which ceve rise to immediate cause DUE TO (e), steting the underlying be used cremation PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? Chief Medical Bage 3 should be NO X 20b. Traction Roun & Course fither Shoulder I 10 For 1 / 10 / 62 20e EXTERNAL CAUSE WAS Page 3 shorr to buriate PRIMARY OF CONTRIBUTING CAUSE OF DEATH NO effect Fell in home, fell over some andirons 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hvattsville P.G. Md. prior Iorwarded to the 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🔀, Inquiry 3 and in my opinion death resulted from. Natural causes XI. Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER should be forwed FUNERAL DIN ASS STANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUT EXAMINER'S L724/62 please ex NAME (Type) James I Address (Street, c'ty, town, or county) 22e, BURIAL, CREMATION I 22d. IOCATION (City, town, or country) REMOVAL (Specify) 40 9 FUNERAL DIRECTOR VS. ATSME Wilms S. Henra PMIN 2 9 '62

Items 20&21 Film 307 MARYLAND STATE DEPARTMENT



#### RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased aved, if institutions Residence before edmission) 1. PLACE OF DEATH A. COLINTY m. STATE **b. COUNTY** by the land 2 s Prince Geo. MARYLAND b. CITY OR TOWN (if outs de corporate limits, c. CITY OR TOWN (If pulside corporale limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Hyattsville Cheverly d. STREET ADDRESS . IS RES DENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO Longfellow St.. Prince Geo. Gen. Hoso. Year 3. NAME OF 4. DATE DECEASED OF DEATH (Type or print) 19 Cogar 9. AGE (In years | IF UNDER 1 YEAR, IF JNDER 24 HRS. 7. MARRIED NEVER MARRIED 1 8. DATE OF B RTH 5 SEX 6. COLOR OF RACE lest birthday) | Months and WIDOWED I DIVORCED physician 10s, USJAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY , 11. BIRTHPLACE County & State, or foreign country) done during most of work ng life, even if rel red) Retired Clerk USA Washington D C Government 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Then please Pearl Coulter Frank Cauffman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? : 16 SOCIAL SECURITY NO 1 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Hyattsville Md. Marvin E Cogar ng physician. signed by the a 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: minmiter IMMEDIATE CAUSE (e) DUE TO Infarction secondary to Conditions, if any, which has been gave rise to immediate cause DUE TO [e], stating the underlying certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART TIGHT 19 PERFORMED? NO 🗔 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part it of item 18.) 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, (Stata) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Hour a.m. While Not While et work et work may be retain DIRECTOR: 22b. DATE 220. SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN NAME (Type) HOSPI ath. Par FUNE 4314 Gallatin St., Hyattsville, Md. Dr.-Edgren 238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CHEMATORY 23d. LOCATION (City, town or county) (State) Jan 23, 1962 Arlington National REMOVAL (Specify) Arlington OH Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) DATE JAN 2 4 '62 F. Gasch's Sons Hyattsville Md. 15M 9/60



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If institution, Residence before admission) a. COUNTY a. STATE **b.** COUNTY the d 2 Prince George's MARYLAND Maryland Prince George S
c CIT OR TOWN (If outside corporate limits, with RURAL and give nearest lown) by the and 2 death. b. CITY OR TOWN (if outs da corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give naarest town) l day Bowi.e d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital Pine Ridge Rd., Highbridge YES NO 124 completely papers. 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH 19 James Conley January 10 carbon withi 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. and last birthday) | Months Hours White WIDOWED [ DIVORCED 6-29-39 Male 10s. USJAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or fora gn country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratirad) physicia West Virginia U.S.A. Electrical Helper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please guip Arbutus Shrewsbury Issac L. Conlev 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyes give war or dates of service) 377-40-4325 Blanche L. Conley Same as #2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ART I. DEATH WAS CAUSED BY: Acute Pulmonary Edema hours IMMEDIATE CAUSE (a) DUE TO Massive left parieto-temporal brain hemorrhage hours Conditions, fany, which (P) been gave rise to immadiate cause. DUE TO (a), stating the underlying has Glioma of the brain ficate ha PART I. OTHER SIGNIF, CANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.811 19. WAS AUTOPSY 8 0 Chronic Rheumatic Heart Disease with mitral stenosis and aortic stenosis ves [X NO [ cert 20a ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of Itam 18.)
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) the 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yaar (County) (Stata) factory, straat, office bldg., atc.) Whila Not Whila et work at work FILECTOR 3 short 19 62, and that death occurred at 12:05 from the causes and on the date stated above. saw the deceased alive on... A /.10. 22a. SIGNATURE P. MEB. ATTENDING STAFF PHYS. DIRECTOR He death. P. FUNER 22c. PHYSICIAN S 22d. ADDRESS NAME (Typa) 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (Stata) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 1/13/62 George Washington Md. Hyattsville, OI 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) DATE JAN 1 5 '62 15M 9/60 arthur S. Keners Francis Gasch's Sons Hvattsville. Md.

SIGNED

within 24 hours



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) I. PLACE OF DEATH director. Page r your files a. COUNTY **b.** COUNTY b. CITY OR TOWN (if outs de corporete limits, MARYLAND Marvland Prince George's c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL end give neerest town) Seat Pleasant D. O. A. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Prince George's General Hospital YES NO Y ritain 4. DATE DECEASED OF (Type or print) DEATH January 19 Connolly Francis 9. AGE (In years | IF UNDER ) YEAR 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. 58 birthday) Months August 23,1903 WIDOWED [ Male 10a. USUAL OCCUPATION IG ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Railroad Ireland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME KEANE OLEMAN ONNOLL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 6904 George Palmer Hy 16. SOCIAL SECURITY NO.1 17. INFORMANT (Yes, no, or unkown) (If yes give we rordetes of service) Hollis James White Seat Pleasant, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). Office along burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY-YOCARDIAL LUFARCTION IMMEDIATE CAUSE (a) ORONARY ARTERY THROMBOSIS **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (e), steting the underlying nould be used , cremation, PART II. OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.8); 19, WAS AUTOPSY PERFORMED? NO 4 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, [Enter nature of injury in Pert I or Pert II of tem 18] CAUSE OF DEATH. Chief 2Dd. INJURY OCCURRED , 20a, PLACE OF INJURY (Home, ferm, 2Df. (City or town) the Chie R: Page 20c. TIME OF NJURY fectory, street, office bldg., etc.) While Not While at work et work 21 I certify that I took charge of the remains described above, held an Autopsy XI. Inspection XI. Inquiry X and in my opinion towarded to the DIRECTO Natural causes X. death resulted from: Accident Su'cide Homicide 1 Undetermined manner CHIEF MEDICAL EXAMINER AL JUZZ DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for FUNERAL SIGNATURE EXAMINER'S DEPU NAME (Type) Address (Street, ety, town, or county) 40 9 VS. A15ME arthur & Krone 5M 9 6D



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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o. COUNTY Prince	George		MAR'	YLAND	O. STATE	here deceased	lived If institut b. COUNT		befare adm	issian)
	(If autside corporate lin	aits, write	LENGTH OF STAY	(IN 1b	c. CITY OR TOWN (If	autside corpora	ate limits, write	RURAL ond giv	ve nearest ta	wn)
Hvattsv					tashing	ton		4'	1x 3	1
	TAL (If not in hasnital	give street ad	dress)		d. STREET ADDRESS				e. IS R	ESIDENCE
Carroll L					110 Mary	Land A	ve N.	E.		A FARM?  ☐ NO ☐
3. NAME OF DECEASED	F	irst	Middle	e	Last	4. DATE	Mo	nth	Day	Year
(Type or print)	Joanna		V		Cook	OF DEATH	Janı	arv	10	19 62
5 SEX	6. COLOR OR RACE	7 MARRIE	D NEVER MARR	IED 🗍 B	DATE OF BIRTH	9	. AGE (In years lost birthday)	IF UNDER 1	YEAR IF UN	
temale	White	WIDOWED	DIVORCE	ED 🔲	6/13/1997		iosi dirindoy)		Days Hour	s Min.
IOs. USUAL OCCUPATION		done 10b. KI	ND OF BUSINESS (	OR INDUSTR	Y 11. BIRTHPLACE (Stote	ar fareign cau	intry)	12, CITIZI	EN OF WHAT	COUNTRY
Housewi		"			Mass.					
3 FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
Cady Roc	the				Mary Roo	the He	nson			
5 WAS DECEASED EVE		RCES? 16 SC	CIAL SECURITY NO	) 17 INFO	RMANT	7110 440.		dress		
	1. 10% But and a common	Jes vicej		Но	spital Red	ords				
1B. CAUSE OF DEA	ATH [Enter only one o	ouse per line	for (o), (b), and (c)						INTERVAL	BETWEEN
PART I. DE	ATH WAS CAUSED BY:	Cord	nary Th	rombo	sis with	Myocar	rdial		I da	D DEATH
14-21			arction			•				
Conditions, if o	A			rotic	Heart Di	sease			3 yes	ars
gave rise to i cause (a), stating	immediate (	Super	Pubic	Cysto	otomy with	Exci	sion a	nd	2 moi	nthe
lying cause last.					er Tumor s				2 100	TULIS
PART II. OT					OT RELATED TO THE TERM					S AUTOPSY FORMED?
E 00 1 5510517 11	AS UNDERLYING	20b DESCR	IRE HOW INJURY C	CCUPPED (	Enter nature of injury in	Part I or Port I	I of item 18.1		I IES [	] NO [
OR CONTRIBUTING	CAUSE OF DEATH	H	1011 11130K1 C	JCCORKED (	Enide indiote de inforty in	10111011	i di nen io ;			
	RY Month, Doy, Ye		URY OCCURRED	20e. PLACE	OF INJURY (Hame, fare	m, 20f (City o	ar tawn)	(Co	uniy)	(State)
Havr a.m	19	While of work	_ Nat while		y, street, office bldg., et			(	-11-71	(2.2
				. 7	/20/2050	<u> </u>	120/2	06.0	-	
	46	ふ) affended	d the deceased	fram	20/1959 19		-			
220 SIGNATURE	sed alive an 1	7 (/ 1)	and	that dec	th accurred a	M. fram t	he causes a	nd an the		
The	nast FI (	sel.	ucl	МЕ	ATTENDING A	RED.	STAFF PHYS	1-1	18-196	226 DATE SIGNED
22c PHYSICIAN'S	70 0 33				22d. ADDRESS		-		0	T. (1
Thomas	F. Coll	ins, N	1. D.		322- н.	St. N.	L. Wa	sningt	on 2,	D.C.
REMOVAL (Specify		91-	230 NAME OF CEM	SETERY OR C	REMATORY 1	23d LOCATIO	ON (City, tawn,	or caunty)	[51	ote)
Dellat	1/22/	62	M. 11	Muc	po Court.		idge,	- ass		
4 FUNERAL DIRECTOR	S SIGNATURE	1,1	ADDRESS	11	A 47	D BY REGISTR		ISTRAR'S SIGN	4 .	
11/1/1	relo	110	caucy	tion 1	DATE V	AN 22 '6	6 0	inthum & 1	1 (salds	

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#### ARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before edmission) Is nev. diector. F. vour files. f. Health, e. COUNTY a. STATE b. COUNTY / b. CITY OR TOWN (if outside corporete fimits. c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Weite RURAL and give necrest town) d/MAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) A. STREET ADDRESS State the fur J. NAME OF First Middle DATE Month OF 节 (Type or print) DEATH 5. SEX 6. COLOR OR RACE B. DATE OF B AGE IF UNDER 1 YEAR Tax 1 (In years last buthday Months DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Page done during most of working life, even if retired) on secure PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give File 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. [Yes, np, or unkown] [lfyesgivewerordetesofservice se's Office along with fits a burial-transit permit. 18. CAUSE OF DEATH [Enter only one cause per line for [e], [b], and (c). ART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which **(b)** gave rise to immediate cause **DUE TO** 40 60 (e), steting the underlying 6 pesn cause last. cremațion, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION 8 Medical should be 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief 20c. TIME OF INJURY Month, Day, Year 300 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) 0 factory, street, office bldg., stc.) Hour e.m. While Not While o the standard of the standard at work at work forwarded to I d 21. I certify that I took charge of the remains described above, held an Autopsy [ ], Inspection Inquiry death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be for ASSISTANT MEDICAL EXAMINER SIGNATURE designat DEPUTY MEDICAL EXAMINER TO EXAMINERS NAME (Type) Address (Street, city, town, or county) O DEP 22¢, NAME OF CHMETERY OR CREMATORY 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 8 64 **ADDRESS** REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE

VS. AISME

5M 9/60

. IS RESIDENCE ON A FARM?

YES TO NO TH

19 6

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(County)

4

NO P

(Slete)

and in my opinion

DATE SIGNED

(Stele

12. CITIZEN OF WHAT COUNTRY

IF UNDER 24 HRS.

Day



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a, COUNTY 6. COUNTY Prince George's MARYLAND Marvland Maryland
Prince George s
c. City OR TOWN (If outside corporata limits, write RURAL and give nearest town) b, CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Cheverly days .577 Capital Heights. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Prince George's General Hospital 413 - 63rd Avenue YES NO 3. NAME OF 4. DATE DECEASED (Type or print) DEATH January 19 19 62 Courtney Webster 6. COLOR OR RACE, 7. MARRIED | NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF LINDER 24 HRS. fast birthday) White Male WIDOWED DIVORCES OF 10a. USUAL OCCUPATION (G'va kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stata, or foraign country) 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired) Truck Driver. Preston Van Limes Virginia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marshall Courtney Sarah V. King 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes no, or unkown) (Ifyas give war ordatas of sarvica) Howpital Records 18. CAUSE OF DEATH (Entar only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ymphoraicoma IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise lo immediata causa DUE TO (a), stating the underlying PART II. OTHER S. GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(\*) 19. WAS AUTOPSY PERFORMED? NO A 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of Item 18.) 20a, ACCIDENT WAS UNDERLYING IT OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY [Homa, farm. 20f. (City or town) (County) (State) factory, streat, office bldg., atc.) While Not While Hour a.m. at work at work 19.6. Z to 1/19 1962 that (I) (we) last saw the deceased alive on... 22s. SIGNATURE 22b. DATE ATTENDING SIGNED STAFF PHY5. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S HOSFI death, Pas TO FUNEY director NAME (Type 9812 49th Avenue, College Park, Md. William B. Gunther 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION | 23b. Burial (Spacify) Jan. 22-62 Fort Lincoln Cemetery Bladensburg, Maryland. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) JAN 2 2 '62



funeral the J 2 by the and death and cor physician please by the attending permit. Then please has been burial, the certificate SE use DIRECTOR: After this TO FUNK director, p VR A15 (4)

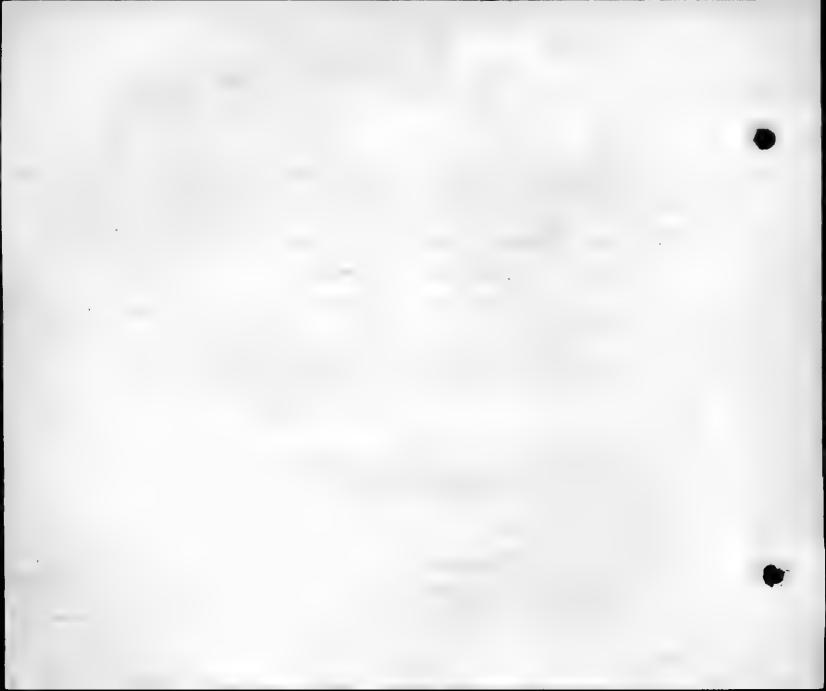
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ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY a. STATE Prince c CITY OR TOWN W outside corporate limits, write RURAL and give nearest town MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 write RURAL and give nearest town) UILLE STREET ADDRESS enda Luc KS TIS e. IS RESIDENCE NAME OF HOSPITAL OR INSTITUTION (if not in hospital, a ve street address) ON A FARM? YES NO DATE OF DEATH 1962 dar AGE (In years ) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday] Days Months WIDOWED M DIVORCED 106. KIND OF BUSINESS OR INDUSTRY & State, or foreign country) most of working life, even if relired) DECPASED EVER IN U.S. ARMED FORCES? INFORMA (liyes give war or dates of service) Mrs. Ø5€ INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

NAME OF DECEASED (Type or print) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 18. CAUSE OF DEATH (Enter only one cause per line for, (a) IMMEDIATE CAUSE (a) Conditions, if any, which (b) gave rise to immediate cause (a), staining the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? NO Z 20% ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part Lor Part Lof Item 18.) OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 1 20e, PLACE OF INJURY (Home, farm, ' 20f. (City or fown) (County) (State) factory, street, office bldg., etc.) While Not While at work at work D. m. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 2M, from the causes and on the date stated above. and that death occured at4. saw the deceased alive on. 22b. DATE 22a. SIGNATURE SIGNED ATTENDING 1 DIRECTOR PHYS. PHYS. 22c PHYSIC AN'S 22d. ADDRESS? NAME (Type) BURIAL, CREMATION, DATE THEREOF OF CEMETERY OR CREMATORY (City, town or county) REMOVAL (Specify)



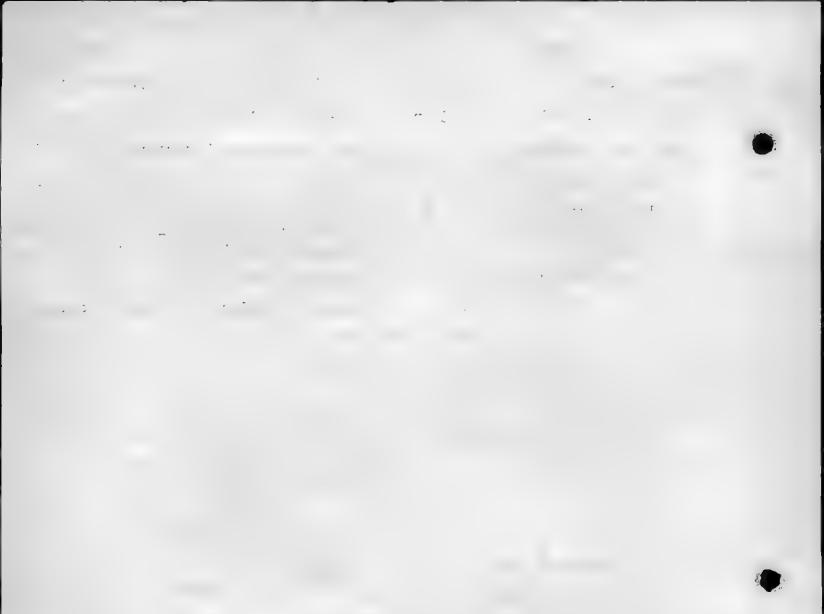
DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH eral directar, be fited with 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COLINTY MARYLAND @0R funerai uld be fi CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give negrest, town) e IS RESIDENCE d. NAME OF MOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION YES NO D within 24 hours 4. DATE NAME OF Middle Year Filled DECEASED OF DEATH (Type or print) doles IF UNDER 1 YEAR IF UNDER 24 HRS 9 AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours. DIVORCED [ WIDOWED I yrs 12. CITIZEN OF WHAT COUNTRY? OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS (State or foreign country) during most of working life even if retired) pup boR aBRY 13. FATHER'S NAME 17 INFORMAN 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO attendin INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gned pove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) (State) 20d INJURY OCCURRED (County) Doy, Year factory, street, office bldg., etc.) Hour o. m. While Nat while of work of work p. m. 1959 21 I certify that (1) (this hospital) attended the deceased from 1962, that (1) (we) last , and that death accurred at 45 M, from the couses and on the date stated above sow the deceased alive on 226 SIGNATURE 22b DATE SIGNED ATTENDING PHYS M D 22c PHYSICIAN'S 22d, ADDRESS NAME (Type) TO FUNERAL 23d LOCATION (City fown or county) DATE THEREOF (State) 236. BURIAL, CREMAT ON REMOVAL (Specify 256 REGISTEAR'S SIGNATURE 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE Ch. hur S. Henris VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. ASMEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) · COUNTPrince George's a. STATE b. COUNTY Prince MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chever I'v neerest lown D.O.A. Riverdale d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d STREET ADDRESS a. IS RESIDENCE ON A FARM? George's General Hospital 541.9 67th Avenue YES NO 2 3. NAME OF 4. DATE Month Midd e DECEASED 62 DEATH January Derdock (Type or print) Mae 19 Tamara 6. COLOR OR RACE T. MARRIED NEVER MARRIED TE B DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Female WIDOWED T DIVORCED November EN 10a USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) District of Columbia ve Pages | PM3, Pag None None pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Gilbert Derdock Theresa Lee 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURTY NO. 1 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgivewarordalesofservice) James Gilbert Derdock, same as # 2 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia-40 DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stelling the underlying PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19 WAS AUTOPSY PERFORMED? NO T 0 6 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part II or Part II of Item 18 ) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief age 3 the C. Page 20c. TIME OF NJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Cily or fown) (County) (Steta) factory, street, office bldg., etc.) While Not While Hour n.m. at work | et work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion 0 Undetermined manner death resulted from. Natural causes 😿 Accident Suicide Homicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED should be to SIGNATURE 26,1962 January **EXAMINER'S** DEPUT NAME (Type) James I Address (Street, city, town, or county) REMOVAL (Spec fy) 240 p Ö VS. AISME



MARYLAND STATE DEPARTMENT OF HEALTH



YLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH** ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution Residence before admission) a. COUNTY b. COUNTY Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neare write RURAL and give nearest town) days Laurel Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET AODRESS a. IS RESIDENCE ON A FARM? Prince George's General Hospital B Street YES NO 3. NAME OF DATE Month 4. DECEASED OF January 22 (Type or print) George 19 62 DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. AGE (In years (IF UNDER I YEAR) and last birthday) Hours Male WIDOWED IS DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work dona during host of porking life, even if ratirad) 10b. KIND OF BUSINESS OR INDUST 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME altending 를 U.S. ARMED FORCES? yval, sgiva war ordates of service) (Yas, no. 18. CAUSE OF DEATH If nier only one cause ner ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which cava rise to ammadiate causa DUE TO (a), stating the undarlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY certificale PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) factory, street, offica bldg., atc.) While Not While Hour a.m. at work at work 19 1961, to 1/22 , that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 12/14 1/22 19.62, and that death occurred 32.115M, from the causes and on the date stated above. saw the deceased alive 22b. DATE 22a. SIGNATURE MED. **ATTENDING** SIGNED PHYS DIRECTOR PHYS. 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) FUNE 23a. BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY 23d. 23c. (Spacify) OH REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S VR A15 (4) 15M 9/60 Orthur & Those DATE



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO VUNY

DIRECTOR. After this certificate has been signed by the attending physician and completely death by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, set 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7/61

MARYLAND	STATE	DEPARTMENT	OF	HEALT
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 01009 01001

Ĩ.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
$\forall$	MARYLAND	e. STATE b. COUNTY
Λħ	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
1	write RYRAL end give nearest town)	117 M + P = 1 2 5 C
1-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	4 CONTRACTOR OF THE PROPERTY O
,	or nostriat or mostriat or matter or in nospital, give steer address	d. STREET ADDRESS  o IS RESIDENCE ON A FARM?
\	1. , July 11 1, 11-12/ 146.12	YES NO.
3.	NAME OF Pirst Middle	A. DATE Month Dey Yeer
	(Type or print) / 050 /30 /3	* CLIXALI DEATH 321 31 19 1-2
5	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH / 9. AGE Un years IF UNDER 1 YEAR IF UNDER 24 HRS.
)	to wate with the WIDOWED IN DIVORCED []	4-14-95 Sirhday) Months Deys Hours Min.
1 %	De. USUAL OCCUPATION (Give kind of work lone during most of working life transit fretired)	TRY 11. BIRTHPLACE (County & State, or fore.gn country) 12. CITIZEN OF WHAT COUNTRY?
1	Rebred waitress Capetina med sol	STE DESTANTO DIE U.S. A.
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	300/13 - F. FATE	Clernor Bei . W
120	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. Yes, no, or unknown)   (Ifyesgivowerordetesofservice)	INFORMANT
		Ac pital Record
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6)	ONSET AND DEATH
	DUE TO	
	Continue William William 1997	1 technois
	gave rise to immediate cause	
	(e), steting the underlying DUE TO	
_	(6)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY
[ [	TARE IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT IN	PERFORMED?
5		YES NO
CERTIFICATION	206. ACCIDENT WAS UNDERLYING ☐ 206. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of stam 18.)
		ACE OF INUURY (Home, farm, † 20f. (City or town) (County) (State)
WEDICAL	Hour e.m. WhileNot While	clory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from	1/3/ 1962, to 1/3/ 1962, that (1) (we) last
	saw the deceased alive on. 1,3/	at death occured at M. from the causes and on the date stated above.
	22e. SIGNATURE	ATTENDING MED, STAFF 22b DATE SIGNED
	Can Ir I may	M.D. PHYS. DIRECTOR PHYS. 1 /-3/-/2
	22c, PHYSICIAN'S NAME (Type)	22d. ADDRESS
	FARL A TRAFFE PILL	2. 3-716 Kirkwood El. M. Hyalleville Met
23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CNIMATORY 23d, LOCATION (City fown or county) (State)
	Burial 4 9 164 angress	rional whitehington 4.C
24	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Thisens sons Hyallard	LATE FEB 5 '62 wilson & Krouns
-1		



VR A1S (4) ISM 9/S9

# MARYLAND STATE DEPARTMENT OF HEALTH

BALTIMORE 1, MARYLAND

	DIT	DIGIT OF 31	VII3II/VF	VESEWV.	PLI WIAN	KECOKI	,, —	DWPIII	v
01	010	т.,	CER	RTIFIC	CATE	OF	DE/	HTA	

a. COPNINCE GEORGE	м	ARYLAND	g. STATERYLAND			Residence before PRINCE	
b CITY OR TOWN (if putside carpore RURAL and give nearest town)  BERWYN HEIG		TAY IN 1b	BÉRIYN THETGE	tride carporote lin	nits, write RUR	AL and give nea	rest town)
d. NAME OF HOSPITAL (If not in hospital (If not in hospital) 8502	pitol, give street oddress) 60th AVE.		d. STREET ADDRESS 8502 60th	AVE.		}	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print) CARI		ddle	DRUMMOND	4. DATE OF DEATH	JAN.	4°	Year 62
s sex 6. color or Female Whit			DATE OF BIRTH FEB 19, 187	78 9. AG		Aonths Doys	Hours Min
10a. USUAL OCCUPATION (Give kind a during most of working life, even if HOUSE WIFE	f work dane 10b. KIND OF BUSINES retired) IYOME OW		Va.	ar foreign country)		U.S.A	WHAT COUNTRY?
13. FATHER'S NAME REVEL LEWIS	ν.'		14. MOTHER'S MAIDEN N VIRGINA	??		-1	
15. WAS DECEASED EVER IN U. S. ARMI (Yes, no or unknown) (If yes, give wor or o	ED FORCES? 16. SOCIAL SECURITY NONE	NO. 17 INFO	ORMANT CKWELL DRUM	MOND S	Address Ame as		
PART I. DEATH WAS CAUSE IMMEDIATE CO.  Conditions, if ony, which gave rise to immediate couse (o), storing the under lying couse lost  Part II. OTHER SIGNIFICAN	DUE TO  (b) Piftle W. C.  (c) CETO CITE OF  AT CONDITIONS CONTRIBUTING TO  MEMORY OF	DEATH BUT N	Leca G. Vin a.	NAL DISEASE CON	DITION GIVEN	3	MANS AUTOPSY PERFORMED?
20c. TIME OF INJURY Manth, Do Hour a. m. p. m.  21. I certify that (I) (this has saw the deceased alive an 220 SIGNATURE	DEATH INNER)  29, Year 20d. INJURY OCCURRED While Not while at wark of wark at wark	20e. PLAC fecto	TE OF INJURY (Hame, farm, ry, street, office bldg., etc.	20f (City or town)  1 ta_76456  M, from the c	Y.L.		(Slate)  pat (I) (we) last estated above  22b DATE SIGNED
NAME (Type) Till Be:		CEMETERY OR	53 A Crese	ent Rd.,			(State)
REMOVAL (Specify)  24. FUNERAL DIRECTOR'S SIGNATURE  REMOVAL (Specify)  24. FUNERAL DIRECTOR'S SIGNATURE	6,1962 Drum Hyattsville, M		Cometery 250. REC'S DATE JA	524 to	25b, REGISTR	RAR'S SIGNATU	



# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

(11))

	PLACE OF DEATH			2. USUAL RESIDEN	ICE (Where decessed			
)  '	Prince	George	MARYLAND	e. STATE Mar	yland	b. COUNTY Prin	ice Ge	eorge
1	CITY OR TOWN (if outs de write RURAL and give no		C LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate l	mits, write RURAL en	d g've neare:	st fown)
	Highbridge-B	Bowie	8 years n hospitel, give street eddress)	# Hight	oridge Bo	wie	0	IS RESIDENCE ON A FARM?
	Highbridge R	Load		Highbridg	ge Road		YE	S NO W
3.	NAME OF	Frst	Middle	Lest	4. DATE	Month	Dey	Year
	DECEASED (Type or print) Els	ie	м.	Eaton	DEATH J	an. 1	2,	19 62
5.				DATE OF BIRTH		(In years   IF UNDER I		NDER 24 HRS.
		hite wi			02 59	yrs.		HAT COUNTRY
dar	Tousewife FATHER'S NAME		Own Home	Pennsylv	vania		S. A.	-
15.	Lawrence Af	S. ARMED FORCES?	16 SOCIAL SECURITY NO.; 17.		Brantner	Āddress		_
	s, na, or unkown) (Ifyesgive 10	awer or detes of service		Charles W.	Eaton Sa	me 2e #2	(Hush	andl
		[Enter only one caus	a per line for (e), (b), and (c).]	onaries w.	Laton ya.	IIIC as The	INTERVA	AL BETWEEN
	PART I, DEATH WAS	CAUSED BY. ATE CAUSE (6)	prona	ry Th	rome	als	ONSET	AND DEATH  LIVE
1	Conditions, if eny, which		Mulley	elle.	New		2	1
	gave rise to immediate cause (a), stating the underlying	3r DUE TO	100	fin V	11000	1	17.	Un!
_	Couse lost.	(c)	S CONTRIBUTING TO DEATH BUT NO	OT DELATED TO THE TERM	INAL MISTASE COM	IT ON GIVEN IN PAR	T 1(a) 1 19. W	AN AUTOPSY
Į į		11 0 7		Y DE	0117		YES	PERFORMED?
CERTIFICATION	200. ACC DENT WAS INCOME CONTRIBUTING TICAL	DERLYING 1 206 JSE OF DEATH AL EXAMINER)	DESCRIBE HOW INJURY OCCURE	(Enter nature of injury in	Pert I or Part I of Je	m 18 )	1113	L
3	20c. TIME OF INJURY	Month, Dey, Year		ACE OF INJURY (Home, fe		wn)/ (Coa	inty)	(Stete)
MEDICAL	Hour e.m.	19	While Not While tac	tory, street, office bldg., et	C-)	/.		
		-	attended the deceased from.	9/4	194/10/1	/2 19	10. Than	(I) (we) last
	saw the deceased ali	ve on 12/	1962 / and tha	death occured at		causes and on	- Comment	
	220. SIGNATURE	MA AI	10111 7	/.		AFF	. /.	226. DATE
	X /		arren ,	A.D. PHYS		ivs.	]/]3	3/62
	22c. PHYSICIAN S NAME (Type)			22d. ADDRESS	71141	1 m	11	
230	BURIAL CREMATION, 2	3b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d, LOCATION	(City, lown or count	y) -	(Stete)
]	BUTTA (Specify)	1/15/62	Ft. Lincoln	n	Colman	r Manor,		Md.
24	FUNERAL DIRECTOR'S SIGN	NATURE	ADDRESS	25e. R	C'D BY REGISTRAR			
	Francis Gaso	h's Sons	Hyattsville, Mo	1. DATE	JAN 1 7 '62	arthun	2. Keny	4



DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 1 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the and 2 death. MERVIEND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c CITY OR TOWN (if putside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town IS RESIDENCE NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give freet address) ON A FARM? YES TO NO THE Year Middle DECEASED OF DEATH (Type or print) and cor IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE TO MARRIED W NEVER MARRIED 9. AGE (In years last birthday) Months Days WIDOWED [ 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 4045ewit 13. FATHER'S NAME ā WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.I (Yes, no, orzunkown) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). ģ ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 5 DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the undarlying certificate har use as the I PART IL OTHER S. GRIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO [ 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING ( CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, \* 20f. (City or town) (County) (State) factory, street, office bedg., etc.) While Not While at work at work 22b. DATE 22a. SIGNATURE SIGNED ATTENDING MED. DIRECTOR PHYS. PHYS. 22c. PHYSICIAN S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 1236 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) **時間 2 9 162** 15M 7 6R Traves



# death. Proc. 4 may be retained by the hospital or attending physician. TO FUX. 4 may be retained by the hospital or attending physician. TO FUX. 4 may be retained by the hospital or attending physician. TO FUX. 5 said 3 should be detected for use as the burial-transit permit. Then please remove carbon papers. 5 st and 2 should be filed with the State Dept. of Health prior to burial-transit permit. And in any event, within 72 thours effer death.

VR A15 (4) 15M 7/61

MARYLAND STATE DEDARTMENT OF MEALTH

MARILAND SIMIL DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	, MARYLAND
CENTIFICATE OF DEATH	

	OIO13 Items 23 Film G3		Hi wk	01005
97.	PLACE OF DEATH a. COUNTY	2. USUAL RÉSIDEN	CE (Where daceased hved, if institution	Residence before edmission)
	Frince Georges MARYLAND	a. STATE	D. C.	<u> </u>
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN	If outside corporate limits, write RURAL	end give nearest town)
П	Glenn Dale (rural)	9 V	Washington	+ Tx 3
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		. IS RESIDENCE
	Glenn Dale Hospital		3109 35th St., N.E.	ON A FARM?
- 3	NAME OF First Middle	Lasi	4. DATE Month	Day Yeer
	DECRASED (Type or print) Willie J.	Evans	OF DEATH	28 19 62
5		DATE OF BIRTH	9. AGE (In years , IF UNDE	R 1 YEAR   IF UNDER 24 HRS.
	7, ALANDES THE MEMBER TO	8/15/1880	last birthday	
1 3	Male Negro widowed provided Divorced			CITIZEN OF WHAT COUNTRY?
<i>\</i> '	one during most of working life, even if retired)		my at olding of loveligh country)	
-	Unemployed →	14. MOTHER'S MAIDEN	NIA 61E	USA _
"		Frances		
1	Andrew Evans		Address	***
Jö	i. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I es, no, or unkown) (Hyesgivewarordelasofservice)		Address	
-	Unknown	Decedent		
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  PART I DEATH WAS CAUSED BY:  Data was a trab area.			ONSET AND DEATH
	IMMEDIATE CAUSE (e) Pulmonary tubercul	osis		7 yr. 7 mo.
	DUE TO			
	Conditions, if eny, which (b)			
	gave rise to immediate cause (e), stating the underlying DUE TO			
П	cause last. (c)			
18	PART 1. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?
18	Right pneumonitis; chronic pancreatitis	s; chronic py	yelonephritis, mild	YES A NO
18	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Part Is of item 18.)	, ,
18	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
13		CE OF INJURY [Home, ferr		County) (Slete)
MEDI		ory, street, office bldg., atc	:.)	
1		10/5/	19,60 to 1/28/	1962, that (I) (we) last
П	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on			
1	22e. SIGNATURE	death occured at	r	22b, DATE
	MAND INS	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	1/28/62 SIGNED
	22c, PHYSIC AN'S	22d ADDRESS		
	NAME (Type) Moe Weiss, M.D.	71501100	Glenn Dale Hospi	tal
15		OR CREWATORY	23d. LOCATION (City, fown or co.	inty) (State)
12	REMOVAL (Specify)			
	2/3/1962   Harmony Memo		Park, Marylan	
2	EUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REG	C'D BY REGISTRAR 256, REGISTRAR	

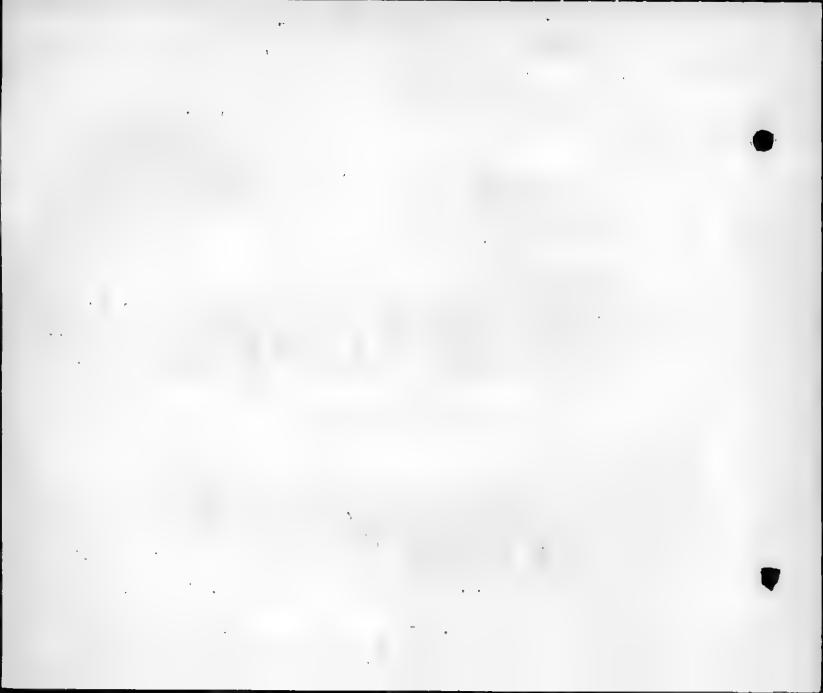


VR A1S (4) 1SM 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

No. of Parties	014	CERTIFICATE	OF	DE	ATH

1,	PLACE OF DEATH					2 USUAL RESI	DENCE (Who	ere deceased	lived, If institu		ce before o	admission)
	o. COUNTY Princ	e Georg	e's	MARYL	.AND		Maryl		b. COUNT	Pri		eorges
	<ul> <li>b. CITY OR TOWN (If RURAL and give ne</li> </ul>	meast town)	limits, write	c. LENGTH OF STAY I	N 1b	c. CITY OR	TOWN (If o	utside corpor	rote limits, write	RURAL and g	give neores	t town)
	Riverda	ale Md		2 months		66	Rive	rdale	, Md.			
	d. NAME OF HOSPITA	AL (If not in haspih	al, give street	oddress)		d. STREET A	DDRESS					S RESIDENCE
_	or institution 5702 Ea	astpines	Drive			5702	East	pines	Drive			ES NO I
3.	NAME OF		First	Middle	-	Los	il .	4. DATE	Mo	onth	Day	Year
	(Type or print)	Mary		Genevieve		Farre.	LE	OF DEATH	Jan		19,	1962
\$.	SEX	6. COLOR OR RA	CE 7. MARR	IED NEVER MARRIE	D 🔲	B. DATE OF BIRTI	Н		9. AGE (In year lost birthday)	Months Months		UNDER 24 HRS
	female	white	WIDOWE	DIVORCED		Oct 17,	1876		85 yr	Months	Days H	lours Min.
100	USUAL OCCUPATIO	N (Give kind of wi	ork dane 10b.	KIND OF BUSINESS OF	RINDUS	TRY 11. BIRTHPL	ACE (State of	or foreign co	ountry)	12 CITI	ZEN OF W	HAT COUNTRY?
1		ewife		own home		Pen	nsylv	ania		U	SA	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
	Jose	eph Thal	1				Anna	Burns				
	WAS DECEASED EVER			SOCIAL SECURITY NO.	17 IN	FORMANT			Ad	Idress	7	
,	no.	If yes, give war or dale		ne	Mr	s Lambe	rt Fr	itsch	River	dale,	Md.	
	1B. CAUSE OF DEA	TH [Enter only on	e couse per lir	re fer (o), (b), and (c).]	7	4			0			AL BETWEEN
	PART I. DEA	TH WAS CAUSED I	BY:	son est	ست	home	71	3	eur		ONSET	AND DEATH
	1710		E TO	1	Λ	2 1	1	/1			-/	-
	Conditions, if any, which) in allevanterate theat pleases 10 yrs											
	gave rise to immediate									1		
	lying couse lost.	he under-	E TO									
z		ER SIGNIFICANT (	(c)	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THETERMI	NAI DISEASI	E CONDITION G	IVEN IN PAR	T 1/61 19. 1	WAS AUTOPSY
E S	7,881 11, 0111	ER SIGITIFICATION	-01401110143 2	OTTAINS TO SEA	111	NOT KEDNIED TO	) IIIE BERJAH	THE DISERSE	2 00110110110	17211111111111	1	PERFORMED?
5	200 ACCIDENT WA	S LINIDEDI VINIC TO	1 206 DESI	CRIBE HOW INJURY OF	CUPPER	) (Enter noture o	f injuny in F	Part I or Part	III of item IR V		11	ES [] NO [M
CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEA	ATH ER)	EKIBE 11011 INJUKT OC	CORRE	/ (Line) holde c	, m(01) 1111	011 / 01 / 01	. It do not be to			
N.	20c. TIME OF INJUR	Month, Doy,		VJURY OCCURRED	20e. PL/	ACE OF INJURY I	Home, form	, 20f. (City	or town)	((	County)	(Stote)
MEDICA	Hour a.m.		19 While of world	Not while k ☐ at wark ☐	TOE	dory, street, offici	e bidg., erc.	'				
	21 1 certify that	t (I) (this hasp	ital) attend	led the deceased t	from	Dan	19.	61.10.	Deen	19⊊	1. That	(I) (we) fast
	saw the deceas		r C/ /3.	- 196 2 and					/1			
	220 S GNATURE	1 /	141	0 -	(							22b, DATE
ı		dot	5/X	solver 1		M.D. PHYS	G ME	RECTOR [	STAFF PHYS []	anuar	y 19,	162 SIGNED
	22c. PHYSICIAN'S NAME (Type)	///	7 /			22d. ADDR						
L	/	John	Kehoe h	4.D.		6300 I	Riverd	lale R	d. River	dale,	Mary.	land
230	BLR AL, CREMAT OF	23b. DATE THE	EREOF	23c NAME OF CEME		R CREMATORY			TION (City, town	or county)		(Stote)
20	SULLEY DIRECTORY	CONTATURE	/ 4-	St. Ba31	1\$_	)	20 press	D BY REGIST	sore	SISTRAR'S SIG	CALATURE	-
1	LINERAL DIRECTOR	J SIGNATURE	C	The the	:00	201		JAN 2 2		Cithun		44
1	rances	loscers	JONS	Myuller	do	mo	DATE				A., 700m	



1	Item 120c Film 305  MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	01015 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
EALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before edm ssion) e. COUNTY a, STATE b. COUNTY
or. Page,	b CITY OR TOWN (if autside corporete limits, write RURAL and give neerest town)  b CITY OR TOWN (if autside corporete limits, write RURAL and give neerest town)
Soard o	Riverdale 8 Days  d. NAME OF HOSPITAL OR INSTITUTION (If not an hosp tal, give street eddress)  e. IS RESIDENCE ON A FARM?
r any de he func retaine le State death.	Leland Memorial Hospital 11629 35th Avenue YES No X  3. NAME OF DECEASED (Type or print) ANNA (NYMN) FURCULAR DESCRIPTION OF PEATH TORSES AND A 19 62
3 to 1	5. SEX   6. COLOR OR RACE 7, MARRIED   B. DATE OF BIRTH   9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
2, and 2. w	Female White widowed Divorced Nov. 17, 1892 69 yrs.    Job. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?   12. CITIZEN OF WHAT COUNTRY?
Pages 1, 13. Pag Pages 1 a ges 1 a ges 1 a ithin 77.	Housewife At Home Austria U.S.A.
ithin 24 Give orm PA File povent went w	Carl Novotny  Anna Fumichael  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT  18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  19. University of university of deleased services
thed with from 18 with from 18 with from 18 permit.	None None John J. Ferchak, 11629 35th Avenue,
be exection of the second of t	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Congestive heart failure  Due to
e should ing" in p ar's Offic as a buri- remova	Conditions, if eny, which (b) Cardiovascular renal disease  geve rise to immediate cause (e), stating the underlying DUE TO
"pend "pend xamin used a lon, or	cause lest.    Column   Column
This ce word word dical Euld be cremat	Fracture of the left hip, Carcinoma of the stomach YES NO []
NER: ng the ef Me 3 sho urial;	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  206. DESCR BE HOW INJURY OCCURED (Enter neture of injury in Port 1 or Part II of item 18)  Fell in Bathroom of Home
XAIMI b, writi he Chi : Page or to b	20c. TME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De. P.ACE OF INJURY (Home, farm, fectory, street, office bldg, etc.)  At Home 2Df (Clfy or town) (County) (Stete)  Beltsville, Maryland
iffication of to 1	21. I certify that I look charge of the remains described above, held an Autopsy Inspection Inquiry and in my opin on death resulted from: Natural causes Accident Suicide Homicide Undetermined manner
EDIC he cer warde VIREC	CHIEF MEDICAL EXAMINER
RAL I	ACTUAL SIGNATURE AND ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER TO TOWN 75 1069
beron should FUNE its des	NAME (Type) JAMES I. BOYD, M. D. Address (Street, city Ipwn or country)  220. BURIAL, CREMATION (22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22dg LOCATION (City, town, or country)  (Stete)
0 g 4 0 g	BURIAL JAN 18, 1962 ST. NICHOLAS GRIEK (ATHOLIC BROWNSVILLE, PENN'A.
VS. A15ME 5M 9 60	W. W. CHAMBERS CO. Riverdale, Marylands JAN 17'62 Cotton & House



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND	
	STOLS CERTIFICATE OF DEATH	01008
	1 PLACE OF DEATH  o. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where declared fived. It in thirtington: F. COUNTY)  b. COUNTY	lesidence befare admission)
	b CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURA RURAL and give nearest lown)	Land give nearest town)
K	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION	e IS RESIDENCE ON A FARM? YES NO [X
	3 NAME OF DECRASED (Type or print)  Nonth OF DECRASED (Type or print)  Nonth OF DEATH  Nonth OF DEATH	Day Year - 25- 19 6 =
	TO GOLD ON WHERE THE WARRIED I TO DIVISION OF THE PARTY O	UNDER 1 YEAR IF UNDER 24 HRS. Onths Doys Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEWIFE  ASH D.C.	12. CITIZEN OF WHAT COUNTRY?
	CHRISTIAN YOUNG LIZABETH. MI	7
	15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO 17. INFORMANT Address [If yes, give war or dates of service]  L. DWARD FIZE ERALD	20:
*	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  DUE TO  Conditions. if any, which gove rise to immediate cause (a), slating the under:  Lying cause lost.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year You work of wor	INTERVAL BETWEEN ONSET AND DEATH  ID LYLL  IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO (County) (Stole)
	saw the deceased alive on	on the date stated above  1/25 DATE  1/25 DATE  1/25 DATE  With Hyte M.
-	BURIAL 1/29/62 Mt. Olivit Wash	AR'S SIGNATURE
	Lundley Handon - 4748. Wice Gr OT N. DATE AN 31 '62	1 8. Trans



## MARYLAND STATE DEPARTMENT OF HEALTH

		01017	ON OF STA			E OF DEATH		MAKTLAND		(1	100	10
		GIOTI		CERTIFIC	77			1.0 1.00 1.00				1 47
	PLACE OF DEATH	ann sha		MARYLAN		g. USUAL RESIDENCE (V		b. COUNT)	1		re eamiss	ion)
_		GEORGES				NEW JER			LANT			
1	RURAL and give ne	fauts de corparate limit arest tawn)		ENGTH OF STAY IN 1		c CITY OR TOWN (If	t autside carp	orate limits, write			irest town	1
		AIR FORCE			IS	VENTNOR	CITY			1/X;		
•	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street oddre	ess)		d. STREET ADDRESS					e. IS RES	FARM?
USAF HOSPITAL						3 NORTH	SOMER	SET AVEN	UE.		YES	ио 🕅
	NAME OF DECEASED	Fire	st	Middle		Last	4. DATE	Mo	nth	Da	ly '	Year / _
	(Type or print)	ELIZA	BETH	GRANT		FOULOIS	DEAT	JAN.		15		1962
. 5	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	] B.	DATE OF BIRTH		9. AGE (In years last birthday)	-	ER 1 YEAR		,
	FEMALE	CAUCASIAN	WIDOWED [	DIVORCED [	14	4 DECEMBER	1882	79 yrs	. Month	s Days	Hours	Min
0a	LISUAL OCCUPATIO	N (Give kind of work oing life, even if retired)	one 10b. KIND	OF BUSINESS OR IN	DUSTR	Y 11. BIRTHPLACE (Stot	te or foreign	country)	12.4	CITIZEN OF	WHAT	OUNTRY?
	HOUSEW	IFE	1	NONE		PENNSYLVANIA UNITED STATES						TES
3.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	WILLIAM	GRANT			į	HARRIET S	MITH					
		R IN U. S. ARMED FOR				RMANT		Add	dress		110	MAR
	NO	or you, give war or oures or se		ONE ,	BEI	NJAMIN' I	FOU		NOR	TON		BASE
	18. CAUSE OF DEA	TH [Enter anly one co	use per line for	(o), (b), and (c).]			,				ERVAL BE	
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	BROW	CHOPNEUN	no	NIA, LF.	loine	R LNB	E	UNI	7 L	2012
	438	DUE TO		/ .		1 /						1
	Conditions, if an	iv. which )	1434	esinsol	Tex.	stir he	unt	RINDO	11	,		
	gave rise to in			0 4	_	7.000	1	1	1-1			
	couse (a), stating I lying couse lost.	the under-	all	& MADRI	11	" NOST	10/10	clirel	de	12	27n	conti
Z		IER SIGNIFICANT CON	DITIONS CONT	RIBUTING TO DEATH	UT N	OT RELATED TO THE TER	MINAL DISEA	SE CONDITION G	IVEN IN I	ART 1(a) 1	9 WAS	AUTOPSY
2	1									, ,	PERFC	RMED?

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.)

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form. 20f. (City or town) Day, Year 20d. INJURY OCCURRED

Havr o.m. While Not while at wark at wark p. m. 21 I certify that (I) (this hospital) attended the deceased fram. and that death accurred Atto AM, from the causes and on the date stated above sow the deceased alive on

factory, street, office bldg., etc.)

**EXENIATURE** 22a 22b DATE JAN 62 ATTENDING PHYS MED DIRECTOR STAFF 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS

PAUL BITTÍCK JR, LCOL USAF

USAF HOSPITAL, ANDREWS AIR FORCE BASE, MD

YES 🗍 NO 🌠

(County)

(State)

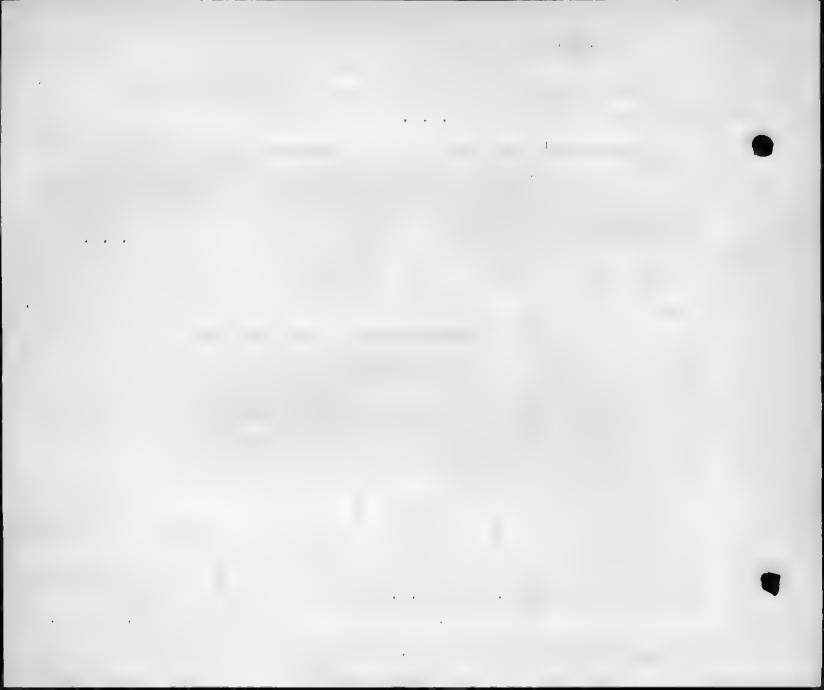
230 BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) REMOVAL ISpecify 24. FUNERAL DIRECTOR'S SIGNATURE 250.-REGID BY REGISTRAR **ADDRESS** 25K REGISTRAR'S S. GNATURE Orthur S. Thouse DATE

VR ATS (4) 1SM 9/59



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) director. Pas. m. COUNTY b. COUNTY b. CITY OR TOWN (if outside corporate limits, MARYLAND Maryl and Prince George's
c. CITY OR TOWN (If outside corporate I milts, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Hyattsville D. O. A. d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp tal, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? 4504 Emerson YES NO T Prince George's General Hospital 4. DATE DECEASED OF (Type or print) DEATH Fowler -19 Maurine AGE (In yours [IF UNDER 1 YEAR | IF UNDER 24 HRS. 24th #IX 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH may 2 last birthdey) Months 10/15/1897 and WIDOWED A DIVORCED [7] Female 10a. USUAL OCCUPATION (Giva kind of work 105. KIND OF BUSINESS OR INDUSTRY! 11 B.RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page dona during most of working life, even if retired] Clerk Retired U.S.A. Tilnois pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Simon William Selig Esther Menke Add 4504 Emerson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknwn) i (If yes give wer or detes of service) Bertha Fowler Mackey Hyattsville, Md. no certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] Examiner's Office along e used as a burial-fransit ation, or removal, and in ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (e) in pencil DUE TO Coronary artery disease Conditions, if any, which geve rise to immediate cause DUE TO (a), stetling the undarlying ou d be used a PART II, OTHER S.GN. HCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Diabetic for 20 years NO X 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Itam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Chief 20c. TME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20s PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stete) age factory, street, office bldg., etc.) While Not While Hour a.m. the R: Pa at work | et work OR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection x. Inquiry 12 and in my opinion Suicide Undetermined manner death resulted from: Natural causes . Accident Homicide CHIEF MEDICAL EXAMINER BENEFIT S.L. ASSISTANT MED.CAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S BOYD, M.D. NAME (Type) Address (Street, city, town, or county) DEP 22e. BURIAL, CREMATION, 22s. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or country) (State) Burial (Specify) 1/27/62 Ft. Lincoln Colmar Manor. Md. ₫40 g 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE JAN 2 6 '62 ( when & Peraus V5. A15ME Hyattsville, Maryland DATE Francis Gasch's Sons

MARYLAND STATE DEPARTMENT OF HEALTH



# FOR STATE MEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please extendificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the function. Page 4 should be torwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-itensit permit. File pages 1 and 2, with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

TH.

VS. A15ME 5M 9'60

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01019 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

a. COUNTY	USUAL RESIDENCE (Where dachasad livad, it institution; Rasidence batter admission)     B. COUNTY
Prince George's MARYLAND	Maryland Prince George's
b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cheverly D.O.A.	63 Rogers Heights
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	# d. STREET ADDRESS , e. IS RESIDENCE
Dutas Cooncols Cononel Vocatel	5006 Edmonston Ave
Prince George's General Hospital	Last 4. DATE Month Day Yaer
(Type or print)	retwell DEATH January 12 1962
	retwell January 12. 1962.  Date of Birth 19. Age (In year) IF UNDER 14 HRS.
The state of the s	June 21.1907   iast birthday)   Months   Days   Hours   Min.
Female White Whowe I Do. KIND OF BUSINESS OR INDUSTR	34 72
dona during most of working life, even if retired)	Maryland U.S.A.
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Harry Clasel	Bertha JOHNSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yas, no, or unkown) ((Ifyas giva war or datas of servica)	NFORMANT
No None E	rnest Homer Fretwell, same as # 2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDING FI	AILURE
THE X DUE TO	
Conditions, if any, which ) (b) THEUMATIC HEART DISEASE	
gave rise to immediate cause	16 H let Ott 15 H l G
(a), stating the underlying	
couse last. (c)  PART II OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY
OF THE STREET	PERFORMED?
S CALLER MAS 201 DECEMBER HOW MILLION OCCUPED A	YES NOW
PRIMARY Or CONTRIBUTING	intar nature of injury in Part I or Part II of itam 18.)
	A CAMPAN WA
	CE OF INJURY (Koma, farm. 20f. (City or town) (County) (Stata) ory, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that I took charge of the remains described above, he	Id an Autopsy 🛣 , Inspection 😿 , Inquiry 😿 , and in my opinion
21. I certify that I took charge of the remains described above, he death resulted from: Natural causes 7. Accident 7. Suice	
death resulted from: Natural causes . Accident . Suic	de, Homicide, Undetermined manner
death resulted from: Natural causes X. Accident . Suice ACTUAL SIGNATURE	CHIEF MEDICAL EXAMINER DATE SIGNED  DATE SIGNED
death resulted from: Natural causes X. Accident . Suice ACTUAL SIGNATURE EXAMINER'S	CHIEF MEDICAL EXAMINER DATE SIGNED  DEPUTY MEDICAL EXAMINER 1/13/62
death resulted from: Natural causes X. Accident . Suice  ACTUAL SIGNATURE  EXAMINER'S NAME (Typa)  James I. Boyd, M.D.  226. BUR, AL, CREMATION, 22b. DATE THEREOF . 22c. NAME OF CEMETERY OF	CHIEF MEDICAL EXAMINER DATE SIGNED  DEPUTY MEDICAL EXAMINER 1/13/62
death resulted from: Natural causes X. Accident . Suice  ACTUAL SIGNATURE EXAMINER'S NAME (Typa)  James I. Boyd, M.D.	CHIEF MEDICAL EXAMINER DATE SIGNED  DEPUTY MEDICAL EXAMINER DATE SIGNED  Address (Street city, town, or country)  C CREMATORY  22d. LOCATION (City, town, or country)  (State)
death resulted from: Natural causes X. Accident . Suice  ACTUAL SIGNATURE  EXAMINER'S NAME (Typa)  James I. Boyd, M.D.  220. BUR, AL, CREMATION, 22b. DATE THEREOF . 22c. NAME OF CEMPTERY OF	CHIEF MEDICAL EXAMINER DATE SIGNED  DEPUTY MEDICAL EXAMINER 1/13/62
death resulted from: Natural causes X. Accident . Suice  ACTUAL SIGNATURE EXAMINER'S NAME (Typa)  220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Spacify)  ACTUAL SIGNATURE  EXAMINER'S NAME OF CEMETERY OF REMOVAL (Spacify)  ACCIDENT  ACCIDENT  ACCIDENT  SUICE  ACCIDENT  AC	CHIEF MEDICAL EXAMINER DATE SIGNED  CHIEF MEDICAL EXAMINER DATE SIGNED  DEPUTY MEDICAL EXAMINER TO 1/13/62  Address (Street city, town, or county)  C CREMATORY  Black Date Signed (State)  (State)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution Residence before admission) a. COUNTY Prince George's Prince George's MARYLAND b. CITY OR TOWN lif outs de corporeta limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If guisida corporate I m ts, write RURAL and give neerest lown) write RURAL and give nearest town) Riverdale D.O.A. Hvattsville d. NAME OF BOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Leland Memorial Hospital Queensberry Road YES NO X 3. NAME OF 4. DATE Middle DECEASED OF (Type or print) DEATH 20, 19 62 Galentine January Howard James 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months WIDOWED DIVORCED June 12,1913 10a. USUAL OCCUPATION (GIVE KIND of work 1 10h KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 1. 11. BIRTHPLACE (State or fore an equatry) done during most of working life, even if relired) U.S.A. Building Pennsylvania Superintendant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pag Catherine Henry Homer Pletcher 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) (Ifyasgiva warordalasofsarvica) /280 Leona Catherine Galentine, same 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Acute congestive heart failure IMMEDIATE CAUSE (a) DUE TO Rheumatic heart disease Conditions, if any, which gava rise to immadiata causa DUE TO (a), stating the underlying PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.81, 19, WAS AUTOPSY PERFORMED? NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | , 20e, PLACE OF INJURY (Homa, farm, 2De. TIME OF INJURY Month, Day Year 20d, INJURY OCCURRED 20f. (City or town) (County) (Stata) fectory, streat, offica bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion 0 death resulted from: Natural causes 3 Accident Suicide Homicide -Undetermined manner ш DIRE M age CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Januarx ames NAME (Typa) Address (Street, city, lown, or county) DE 22d. LOCATION (City, town, or country) (State) ₫40 p 24a. REC'D BY REGISTRAR! VS. AISME SM 9,60

MARYLAND STATE DEPARTMENT OF HEALTH

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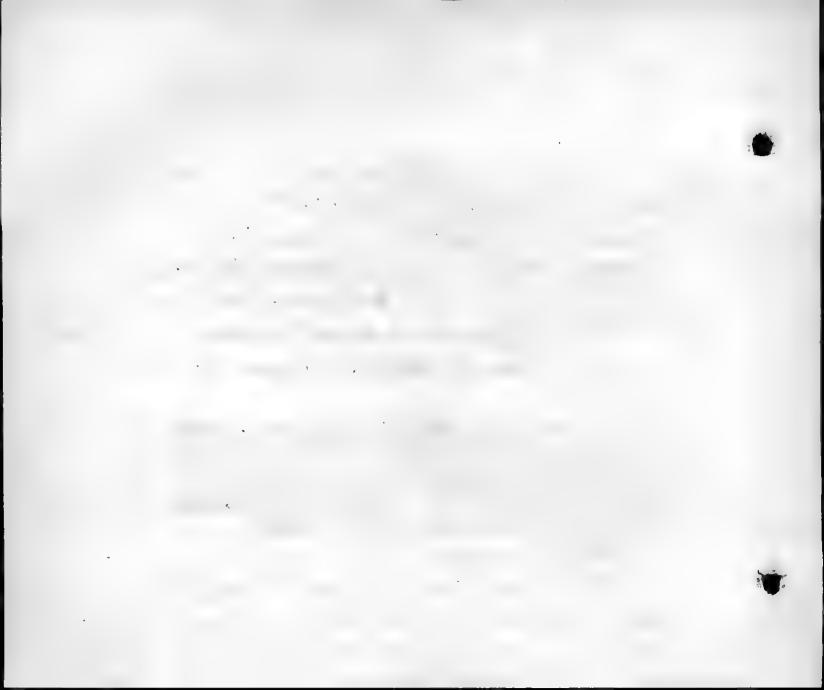
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C 12 1 8. Through

24 hours after death. Page

VR A15 (4)

15M 9/59



## W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) 1. PLACE OF DEATH a. COUNTY TOWN (if butside corporere limits, write RURAL and give neerest town) IS RESIDENCE ON A FARM? 3. NAME OF [Type or print) IF UNDER 24 HRS. AGE (In yeers | IF UNDER I YEAR) 5. SEX THEVER MARRIED last birthday) WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired) 13. FATHER'S NAME NTERVAL BETWEEN 18. CAUSE OF DEATH **DUE TO** 6) TRANSITIONALO (FILLO CARCINDINA OF gave rise to immediate cause TH GENERALIZED METASTE (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e), 19. WAS AUTOPSY 7/C (1912 Sty Ditt COLINE DISE #35 WITH AN 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pan I or Pent I of tem 18.) NO III OR CONTRIBUTING IT CAUSE OF (Stete) (County) 20d. INJURY PCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Month, Day, Year factory, street, office bldg. retail to PRESIDATE that (I) (wa) last 21. | certify that (1) (this hospital) attended the deceased from FF-1, 19 22e. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Pleasant Grove Cem. Needmore. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Ritchie Bros.Fun'l Home-Upper Marlboro.Mdu 15M 9/60

physician

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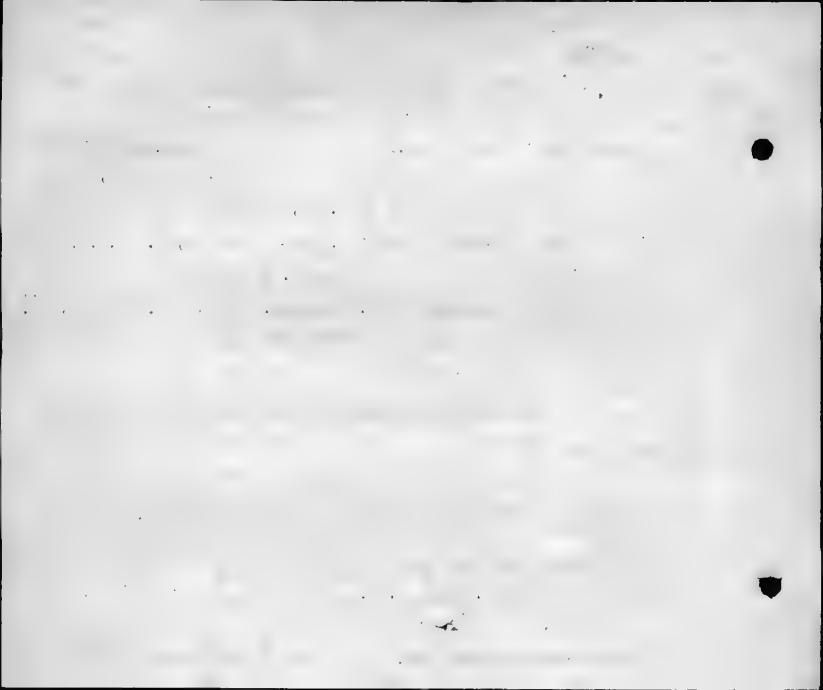
ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE [Where deceased lived, If institution, Residence before admission] 1. PLACE OF DEATH e. COUNTY a. STATE **b.** COUNTY within 24 hours Prince Georges Prince Georges Marvland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 8 days Cheverly Chever ly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO Prince Georges General Hospital 6312 Inwood Street 3. NAME OF DATE Year DECEASED (Type or print) DEATH Margaret Gibbons IF UNDER 24 HRS. 6. COLOR OR RACE 7, MARRIED NEVER MARRIED carbon 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 5. SEX pue lest birthdey) Months Female White WIDOWED TO DIVORCED [ 26 March physician 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) remove done during most of working life, even if retired) USA St. Mary's Co. Md. None 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John: Lacey Unimown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yas, no, or unknwn] | (If yes give wer or dates of service) Hospital Redords INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO geve rise to immediate ceuse DUE TO (a), stelling the underlying certificate has by use as the bur couse fest. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? 20e. ACCIDENT WAS UNDERLYING | | 20b. DESCRIBE HOW NUNTY OCCURED. (Enter neture of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 2Dc. TIME OF INJURY 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, form, ' 20f. (City or town) (County) Month, Day, Yeer factory, street, office bldg., etc.) Not While While Hour a.m. et work el work 21. I certify that (I) (this hospital) attended the deceased from 1952, 1962 to 2 8 1962 to 1962 that (I) (we) last ....196. 2 and that/death occured at 2.a. C. Alam the causes and on the date stated above. saw the deceased alive on ... 22b. DATE 22e. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN John Kehoe NAME (Type) death. Pr 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) Suitland, Md. Z.FO Cedar Hall Cometery Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 PUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arting S. Times 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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APVIAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY director, Page Prince Georges MARYLAND Maryland Prince Geor Prince Georges
b. CITY OR TOWN (if outs de corporata limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Mount Rainier Mount Rainier 3 Years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? TYES NO DE Eastern Avenue Apt.1 4301 Eastern Avenue 4. DATE 3. NAME OF DECEASED 62 January DEATH [Typa or print] THOMAS DAVIS GIBBONS 19 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X B. DATE OF BIRTH may 2 last birthday) Months Hours Sept. Male WIDOWED [ DIVORCED [ 10a USUAL OCCUPATION (G ve kind of work 105, KIND OF BUSINESS OR INDUSTRY ( 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 18. Give Pages 1, 2, 1 form PM3. Page 5 dona during most of working life, even if retired) Stamardsville, Val U.S.A. Standard Register. Office Manager within. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Allie M. Startt Chastine Gibbons Φ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (Ifyas give war or dates of service) Mrs. Louisa G. Beach. Rainier unknown 18. CAUSE OF DEATH linter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH Office along buriel-transit PART I. DEATH WAS CAUSED BY: Myocardial infarction IMMEDIATE CAUSE (a) DUE TO Coronary artery thrombosis Conditions, if any, which gava risa to immediate causa DUE TO (a), stating the underlying 50 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? ይ NO should ial, crem 20e. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of in ury In Part I or Part II of Itam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. the, marit, ng the Chief A R: Page 3 slice to buria 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X). ... nspection X. Inquiry X. and in my opinion ute the certification and to be sent to Accident Sulcide | Homicide Undetermined manner death resulted from Natural causes CHIEF MEDICAL EXAMINER should be forward its designated a DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DO EXAMINER'S 1961 January NAME (Type) JAMES BOYD Address (Street, city, town, or county) DEP 22d. LOCATION (City, town, or country) 228. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) Burial Arlington Virginia 1961 248. REC'D BY REGISTRAR 246. REGISTRAR'S S GNATURE 23. FUNERAL DIRECTOR ADDRESS VS. A15ME F Gasch's Sons Hyattsville\_Md. SM 9/60



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) . PLACE OF DEATH .. COUNTY Prince George's ly is necessary, I director. Page b. COUNTY Prince 05, MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Aquasco Life Aquasco d NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON & FARM? Rural Rural YES TONO! 3. NAME OF 4. DATE Middle Month Dev DECEASED OF Gray 6 600 1 and 2 with the 72 hours after (Type or print) Joseph DEATH 19 January 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Days Hours | Min. DIVORCED 10e, USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if retired 18. Give Pag■ 1, None pages 1 within U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Gray Delorise Taylor event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyes give wer or deles of service) thould be executed wi in pencil in Item 18 Coffice along with fa a burial-transit permit, movel, and in any er Joseph Gray. None same 28 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Pneumonia IMMEDIATE CAUSE (6) **DUE TO** removal, Conditions, if env. which Examiner's ( geve rise to immediate cause DUE TO (e), stelling the underlying PART I.. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III. 19. WAS AUTOPSY CERTIFICATION PERFORMED? 28 сгета NO pluods 206 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Port I or Port II of item 18.) PRIMARY \_ or CONTRIBUTING \_ burial, to the Chie 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) 9 While Not While el work et work prior DIRECTOR 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Natural causes x death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated **ACTUAL** ASSISTANT MEDICAL EXAMINER DATE SIGNED Shoukt To for SIGNATURE **EXAMINER'S** ames Boyd NAME (Type) Address (Street, city, town, or county) 226. SURIAL, CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 9 <u>5</u>40 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE JAN 15 Cirting S. Hearing

LARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral . PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) a. COUNTY a. STATE b. COUNTY by the tand 2 : death. G. Prince Georges MARYLAND LENGTH OF STAY IN 16. 1 month and c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. write RURAL and give nearest town) Washington Dale (rural Glenn days a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS ON A FARM? Glenn Dale Hospital 1513 Meridian Place. YES NO K NAME OF Middle 4. DATE Atonth DECEASED OF 22 (Type or print) Hampton DEATH 19 62 Eddi e carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years ) IF UNDER 1 YEAR IF UNDER 24 HRS certificate be and last birthday) Monthsi Days Hours Male Negro WIDOWED IX DIVORCED T physician 10a. USUAL OCCUPATION (Give kind of work 12, CITIZEN OF WHAT COUNTRY? remove 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Tenn. USA Auto-mechanic Self-employed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 956 ding Lee Hampton Phoebe Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? affen 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no. or unkown) | (If yes give war or dates of service) 578-12-2494 World War I Decedent 18. CRUSE OF DEATH Enter only one cause per line for (at, (b), and (c), INTÉRVAL BETWEEN ONSET AND DEATH certificate has been signed by IM WAS CAUSED BY, Anaplastic (oat.cell) carcinoma, bronchogenic I. DEATH WAS CAUSED BY 7 months the burial-transit DUE TOWITH metastases (right lung) attending Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY NOL PERFORMED: as 2 Generalized arteriosclerosis NO USB 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERTIFI 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of stem 18) detached for After this (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY !Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work may be retain DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from 11/29 .....19...62, and that death occured at...A.M, from the causes and on the date stated above. saw the deceased alive on .... 22b. DATE 22a. SIGNATURE ATTENDING MED. STAFF DIRECTOR X PHYS. PHYS. M D Glenn Dale Hospital 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Moe Weiss. M.D. Dale. Md. death. Pa O FUNE director, p 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or/gounty) 238. BURIAL CREMATION, | 23b REMOVAL (Specify) TO 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 Ciring & Three

within 24 hours after

ARYLAND STATE DEPARTMENT OF HEALTH



### ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01028 funeral within 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed livad, If institution: Rasidanca balore edmission) e. COUNTY b. COUNTY Prince George's 후 구 구 MARYLAND Maryland Prince George's c. CITY OR TOWN (II outside corporate limits, we'le RURAL and give measure flown) b. C TY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) .⊆ Cheverly Bladensburg d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Prince George's General Hospital 1105 **-**YES NO 3rd 5 completely, 3. NAME OF Middla DATE DECRASED OF (Type or print) Clayton Harley DEATH January 19 62 6. COLOR OR RACE 7. MARRIED Y NEVER MARRIED AGE (In years | IF UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. and last birthday) Months Male White WIDOWED [ DIVORCED [ physician 10e. USUAL OCCUPATION (Give kind of work IDS. KIND OF BUSINESS OR INDUSTRY 11. BIRT: ACE (County & State, or tareign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratirad) U. S. A. Pennsylvania Petired physioligist Goverment 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pl ,⊑ Henry Harley Amanda Price 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17, INFORMANT Address Yes, no, or unkown) (If yes give war or dates of service) Ida K. Harley Same as #2 (Wife) g physician. signed by the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c) ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hepatic Coma IMMEDIATE CAUSE (a) Carcinoma of the Head of the Pancreas affending unknown Conditions, if any, which (b) has been gave risa lo immediata cause DUE TO (e), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY certificate REREORMED? 8 0 esn 20a. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part or Part I of itam 18.) After 20c. TIME OF INJURY 20d. INJURY OCCURRED 2De, PLACE OF INJURY [Home, farm, 20f. (Cly or lown) (County) (Stete) Month, Day, Yaar factory, streat, office bldg., etc.) Hour em Whila Not While at work at work f may be retained DIRECTOR: A 3 should be deleted the State Dept. o 21. | certify that (1) (this hospital) attended the deceased from ... (I) (we) last ,19 67, and that death occured al 2:38, from the causes and on the date stated above 22a SIGNATUR ATTENDING STAFF PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) William D Rosson M.D. FUNE filed \ 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL ISpecify) 0.5 2 1/26/62 Arlington National Va. Arlington, Burial 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE JAN 2 5 '62 Callus & Trans 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAN 2 5 '62 VR A15 (4) 15M 9/60 F. Gasch's Sons Hyattsville. Md. DATE



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after \$\frac{\pi}{2} \text{ death.} Provided the may be retained by the hospital or attending physician.}

\( \frac{\pi}{2} \text{ TO FUNE.} \)

\( \frac{\pi}{2} \text{ DIRECTOR:} \)

After this certificate has been signed by the attending physician and completely din by the funeral director, page 3 should be detached for use as the burial-fransit permit. Then please remoyer carbon papers carbon papers and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any pergent, within 72 hours after death. 90

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF 1020

CERTIFICATE OF DEATH 01029 01021

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if institutions Residence before admission)
e. COUNTY	a. STATE A // b. COONTY
FILES GEVES MARYLAND	rince George
No. CITY OR TOWN (it outside concrete I mits, c LENGTH OF STAY IN Ib	c. OITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)
1 0 4 - Alalaha 2 7006.	Hightsy, 1/e X
d. NAME OF MOSPITAL OR INSTITUTION (if not in hospita, give street address)	& STREET ADDRESS   1. IS RESIDENCE
21 V x an a list and a list	ON A FARM!
TRIN MANON MAISING TEME	1 W711 MICHOLSON SI. YES NOD
3. NAME OF DECEASED First Middle	4. DATE Month Day Yeer
(Type or print)	DEATH 0.430. 00 1962
S. SEX   6. COFOR OR RACE 7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
S. SEX O. COPOR OR RACE 7. MARRIED NEVER MARRIED	last bribdey) Months Deys Hours Min.
Temale WIDOWED B DIVORCED	DUNE 9 1530 8/ yrs.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS	TRY H. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
dona during most of work ng life aven if retired	- Surger and 1/5 A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
13. PAINER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Nyj	1 11/10 12k/2881
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 SOCIAL SECURITY NO. 17.	INFORMANT
(Yes, no, ir unkown) (Ifyes give war or dates of service)	1. · · · · · · · · · · · · · · · · · · ·
None II	ursing home records
18. CAUSE OF DEATH [Enter only one cause per line for (e), .b], and (c)	/ INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY.  IMMEDI/ TE CAUSE (6)	Kenny Lane
DUE TO 10	
Conditions, if any, which ) (b) (alluvarial	22 21min theatre
gave rise to immediate cause	
(a), stelling the underlying cousa lest,	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	PERFORMED?
[8]	YES NO X
E 206 ACCIDENT WAS UNDERLYING []   206. DESCRIBE HOW INJURY OCCUR	IED. (Enter neture of injury in Pert I or Pert It of Item 18.)
E 20€ ACCIDENT WAS UNDERLYING ☐ 20₺. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING ☐ CAUSE OF DEATH  U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED   20e. P. Hour a.m. While Not While	*LACE OF INJURY (Home, ferm, 20f. (City or town) (County) actory, streat, office bldg., etc.)
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. P. Hour a.m. While Not While ft work at work at work	1
	0/1 10/1 1 1/24 10/24-10/10/10/10
21. I certify that (I) (this hospital) attended the deceased from	145
saw the deceased alive on	at death occured at
22e, SIGNATURE	ATTENDING MED, STAFF 22b. DATE
Carl Track	M.D. PHYS. DIRECTOR PHYS. 1/27/62
72c. PHYSICIAN'S	22d, ADDRESS
NAME (Type) EARL V. CARAFFF	7.1) 24/6 Kirperson Pl. W. H. others Mid
	- Jeste rooting . I to
230. BURIAL, CREMATION, 23b., DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) , (Stata)
Burial 1/30/67 Elword	Cemetery Thord Endiana
THE PROPERTY OF SIGNATURE	25% REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
The state of the s	DATE JAN 2 9 '62 Chilling S. Trans
A stept in the sent the same	DATEURIL & JUL



1		MARYLAND STATE DEPARTMENT OF HEALTH
END STATE		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  11030 MEDICAL EXAMINER'S CERTIFICATE OF DEATH  11022
HEALTH DEPT.	1.	PLACE OF DEATH    2. USUAL RESIDENCE [Where deceased lived, if institution: Residence before edmission]
ary,		Prince George's Maryland b. COUNTY Prince George
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
1		C heverly D.C.A. East Riverdale ( )  I. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  ON A FARM?
de 3.	_	rince George's General Hospital 6209 64th Avenue Apt. # 3 YES   NO
f any he ful refain deat	3.	NAME OF Details A DATE Month Dey Yeer DECEASED (Type or print) Joseph Bert Heath DEATH January 26 1962
afh 11 3 to t 5 be i ith th	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (n yeers IF UNDER 1 YEAR IF JNDER 24 HRS.
and and may		Male White widowed Divorced December 3, 1961 VIS. 23   WILLIAM DIVORCED DIV
1, 2, 1, 2, 9ge 5ge 5de 72 h	do do	USUAL OCCUPATION (Give kind of work leading most of working life, even if retired)  None  Maryland  U.S.A.
hour Pages 13. Pages 19es 1	13.	None None Maryland U.S.A.  FATHER'S NAME 14. MOTHER'S MA DEN NAME
In 24 h		Virgil Charles Heath Carolyn Ann Ryan
d within 18. G		was deceased ever in u.s. armed forces? 16. Social Security No. 17. Informant s, no, or unknown) ((fyesgive were orderes of service) No  No  Virgil Charles Heath, same as # 2
vi vi	-	IB. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]
e exection in a second second in a second		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)   NEUMONIA
ould be in per Office burial-		Conditions, if any, which (b)
s a bi		geve rise to immediate causa (e), stating the underlying DUE TO
ificate pendi sed a sed a	7	Cause lest. (c)
s cert	CATION	PERFORMED? YES NO
R: Thi the we Medica should al, crea	CERTIFIC	208. EXTERNAL CAUSE WAS  206. DESCR BE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)  PRIMARY Or CONTRIBUTING CAUSE OF DEATH.
EXAMINE ate, writing the Chief of the Chief	18	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Sete)
XAN Fe, W.	WED	p.m. 19 et work et work
AL I		21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X. Inquiry A and in my opinion death resulted from Natural causes X. Accident , Suicide . Homicide . Undetermined manner
TEDIC The cer DIREC		CHIEF MEDICAL EXAMINER
MED)		ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER TO DEPU
DEPUT ase ex. Provide be ic Provide as its its designati	1	NAME (Type)  James I. Boyd  Address (Street, city, town, or county)
	22	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
Öğ40°	23	FUNERAL DIRECTOR  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE
VS. AISME 5M 9/60	4	(WCHAMBERS CO RIVERDALE MLDONIAN 30'62 Com & Home
3.		2077182165



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DESTR 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COLNTY a. STATE 6 COUNTY b. CITY OR TOWN (1 outside comporate limits. MARYLAND c. CITY OR TOWN (If or side corporate limits, write RURAL at 2 (19 Noa ass 19 PC) E. LENGTH OF STAY IN 16 write RURAL and give nearest town) Beltsville Riverdale d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Lelano Memorial Hospital Old Baltimore Road YES NO TH 3. NAME OF DECEASED John William Heflin DEATH anuary (Type or print) 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 75 vrs. WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Laboratory Illinois U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Heflin Lena Cockrell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) (Ifyes give wer or detes of service None Mrs Mae V. Heflin. same 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (0) Office DUE TO Cardiovascular renal disease Canditions, fany, which (b) gava rise to immadiate cause n 10 DUE TO (a), stating the underlying as a cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ((a)) 19. WAS AUTOPSY PERFORMED? ate, writing the word the Chief Medical E R: Page 3 should be rior to burial, cremal NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I of Part II of Itam 18.) PRIMARY [] or CONTRIBUTING [] CALISE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED . 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) [State] factory, street, office bldg., etc.) Hour e.m. While Not Whila at work at work OR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and in my opinion Đ death resulted from: A Natural causes Accident Suicide | Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be for FUNERAL 1 its designate ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE January 11,1962 DEPUTY MEDICAL EXAMINER James I. NAME (Typa) O DEP Addrass (Streat, city town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 40

MARYLAND STATE DEPARTMENT OF HEALTH



VR A15 (4) 15M 7 61

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i set	. 1	
HYSICIAN: The law requires that the death certificate be executed within 24 hours after a possitial or attending physician.	(OR: After this certificate has been signed by the ettending physician and completely din by the funeral be detached for use as the burial-transit permit. Then please remove carbon papers. Set I and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers.	M
urs a	d in by the funerates 1 and 2 should after death.	
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The state	as b buri	
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SICI	ise a	
ENDING PHYSICIAN: The law requires tailed by the hospital or attending physician	TOR: After this certificate has been signed by the ettending physician and completely din by the be defacted for use as the burial-fransit permit. Then please remove carbon papers.	i.
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# MARYLAND STATE DEPARTMENT OF HEALTH

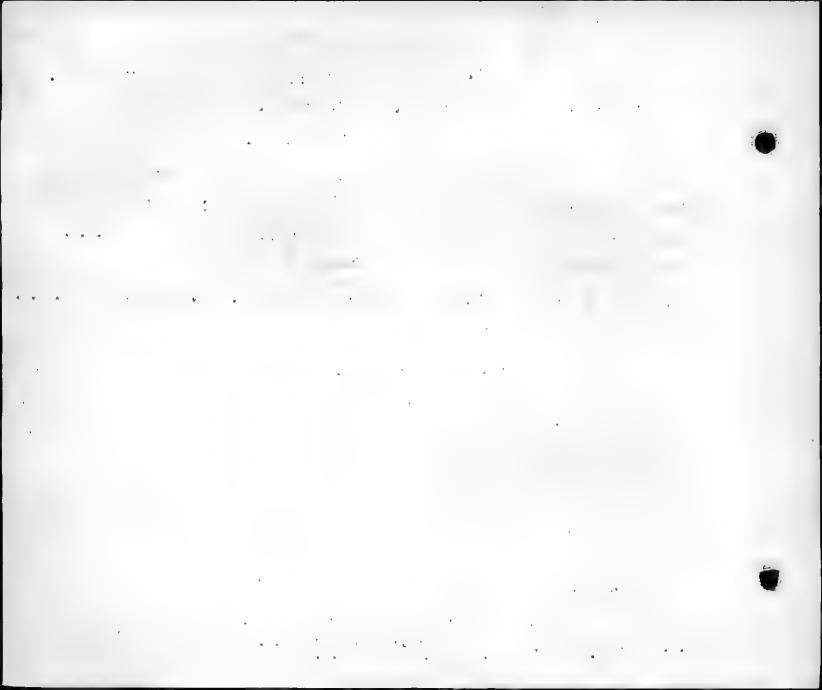
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01032

	5-7-16- 1-7 Xull dag					
1. PLACE OF DEATS	Н			NCE (Where deceased	fived, if institution: R. b. COUNTY	esidence before admission)
	Prince Georges	MARYLAND	e, STATE	D. C.	B. COUNT	₩
b. CITY OR TOWN	(if outside corporate limits, d give neerest town)	c. LENGTH OF STAY IN 16		(If outside corporate li	imits, write RURAL and	give necrest town)
	ale (rural)	36 days an	ld.	Washington	41	7 X - 3
	STAL OR INSTITUTION (if not in he		d. STREET ADDRES		. I. J	. IS RESIDENCE
	n Dale Hospital			1209 1st 5	t., S.E.	YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day Yeer
(Type or print)	George	Charles	Higdon	DEATH	1	1 19 62
5. SEX	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	DATE OF BIRTH		total to the contract of the c	YEAR IF UNDER 24 HRS.
Male	Negro widow	ED DIVORCED	11/7/22	39		Days Hours Min.
10a. USUAL OCCUPAT	TION (Give kind of work 1 10b.	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Co	unty & State, or foreign	n country) 12, CfTl	ZEN OF WHAT COUNTRY?
General	orking fife, even if relired)		Md.		U	SA
13. FATHER'S NAME	TIGOCEPHIS .		14. MOTHER'S MAIDE	N NAME	1	
Pohort Co	ontee Higdon		ซาไล Re	al Higdon		
	VER IN U.S. ARMED FORCES? 16	SOCIAL SECTION NO LET T		ear liredon	Address	-
(Yes, no, or unkown)	[liyesgive weror dates of service]		Decedent		7100	
Unknown		Unknown	Decedeno			Chietana Servera
	DEATH (Enter only one cause per	line for (e), (b), and (c).]				ONSET AND DEATH
PART I. DEAL	TH WAS CAUSED BY:  IMMERINATE CAUSE (a)	rrhosis of the	liver	_		Unknown
1 5	DUE TO					
Conditions, if an	y, which to He	patic failure				
gave rise to immed	diete cause	•				
(a), steting the scause last.	underlying (c)					
~	ER SIGN FICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NO	T RELATED TO THE TER	MINAL DISEASE COND	ITION GIVEN IN PART	1(e) 19. WAS AUTOPSY
[8]						PERFORMED?
D ACCIDENT N	VAS UNDERLY NG 205. DI	ESCRIBE HOW INJURY OCCURED.	(Enter nature of infury	in Part I or Part II of the	um 38 )	113 110 12
OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED.	, (Enter Selute of Injuly	III. Lett 1 Or Lett II Or II o	D1 10-1	
3 20c. TIME OF INJ	URY Month, Day, Yeer 20d		CE OF INJURY (Home, f		wn] {Cou	nty) (Stete)
Y 20c. TIME OF INSI	19 et w	THE CALL OF THE PARTY OF THE PA	ory, street, office bldg.,	erc.)		
7	that (I) (this hospital) atte		0/25/	1961. to	1/1 100	22., that (I) (we) last
1 1	7/7 .					
	ased alive on	1962 , and that	death occured at	.am, from the	causes and on t	22b, DATE
226 SIGNATURE	live tolers	, M.	ATTENDING PHYS.	MED. ST DIRECTOR X PH	AFF IYS,	1/1/1962
22c. PHYSICIAN S	2016		22d. ADDRESS	Glenn Da	le Hospital	1
NAME (Type	Moe Weis	s, M. D.			le, Maryla	
230. BURIAL, CREMAN REMOVAL (Specify During	1-5-62	St. Paul Corner	ch Cometi	23d. LOCATION	n Hill	Mar
24 EUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	1 1 200	RECT BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE
( ander)	A Justin Da Ly	1500 - Nicha	ANT DATE	JAN 4 '62	E. C. Shoom L. NO.	



(State)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



LARYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH					
FOD OTHER	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  11020 MEDICAL EXAMINER'S CERTIFICATE OF DEATH				
TUK SIAIE					
BEALIN DEPL	PLACE OF DEATH  2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)				
5 6 6 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Prince George's MARYLAND Maryland Prince George's				
S S T	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)				
rect rect	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g ve street address)  d. STREET ADDRESS  e. IS RESIDENCE				
Boa	ON A FARM?				
ne ate	Prince George's General Hospital 600 60 th Ave.				
har fam har fam reta dea dea	DECEASED				
h h be	Lemuel Arthur Judd   Pear Johnson 31 1962				
deat d 3 ay with	A AGE (In years It ONDER IT TEAK I				
2, all Did 2 hou	Male   Colored   WIDOWED   DIVORCED   December 23, 61   VIS.   18   109. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Slete or foreign country)   12. CITIZEN OF WHAT COUNTRY				
s 1, s age	done during most of working life, even if retired)				
24 hou	None None Waryland USA				
Man Man					
	Ralph Judd  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown) [Uffyes give wer or dates of service) Address				
Me ije se	No Ralph Judd Same as #2				
Cute Si × viie	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]  INTERVAL BETWEEN				
exe cil ii alon rans	PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH  ONSET AND DEATH				
d ben de la	TY3 X DUETO				
in Offi	Conditions, if eny, which (b)				
ing's a	geve rise to immediate cause (e), stating the underlying  DUE TO				
Send and a sed a s	cause last, (c)				
Exa exp	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?  YES PRIMARY OF CONTRIBUTING OF CONTRIBUTION OF CO				
This wor wor ald tall the green	YES NO 220a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter pature of Injury in Part I or Part II of item 18.)				
Should ale	20a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURED. (Enter pature of Injury in Pert I or Pert II of item 18.)				
hief e 3 buri					
Pag of	Hour e.m. While Not While fectory, street, office bidg., etc.)				
cate, cate, Corrior prior					
A figure	death resulted from: Natural causes Accident, Suicide, Homicide, Undetermined manner				
IEDICA IMe certi Invarded DIRECT	CHIEF MEDICAL EXAMINER []				
	SIGNATURE VALUED DATE SIGNED				
DEPUTY ME as established by forward by forward by first designated	DEPUTY MEDICAL FXAMINER TO				
DEPU should FUNE FUNE	NAME (Type) JAMES T ROVD M D Address (Street city town or county) 1/31/62				
- 0 A	220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or country) (State)				
5g45g	23, SUNERAL DIRECTOR - ADDRESS A ADDRESS AND ADDRESS A				
VS. A15ME	Lenry AWashingtong Java 4925 Weare Clus 12 550 5 100				
5M 9/60	DATE FER 5 62 O.A. & A.				
	2017235166				



2	1 2		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18				
R			01037 CERTIFICATE OF DEATH  Reg. Dist. No. 01028				
Page 4	funeral director, uld be filed with	VI)	LACE OF DEATH COUNTY  COUNTY  COUNTY  ARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before addission) b. COUNTY  Decoupled  MARYLAND  Aryland  Decoupled  Maryland  Decoupled  Dec	7911			
· death.	funera		CITY OR TOWN (If outside corporate limits, fitte 8URAL and give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Chillian  49				
haurs after	the fun shauld	X	NAME OF HOSPITAL (If not in hospital give street address)  d. STREET ADDRESS  which is the language of the lan	M?			
		)	IAME OF IECEASED (Spe or print) Ceceles M. Middley Loss 4. DATE Month Day Year OF DEATH LOSS 196	2			
with	Je C		EX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED   B. DATE OF BIRTH  Fernale WIDOWED DIVORCED 12/1904 State birthday)  Months Days Hours M	HRS lin.			
executed	g - g		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUN	TRY?			
ě	carbo after		otoph Roldan Dolores James				
certificate	ng physici s remave 72 haurs		NAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (If yes, give wor or dates of service)  (If yes, give wor or dates of service)				
t the death	the attending Then please re vent within 72		PART I. DEATH WAS CAUSED BY:    MARCHATE CAUSE (a)   Carcinomes   Cagullana Cause				
requires that an.	an signed by nsit permit. and in any e		Canditions, if any, which gave rise to immediate cause (a), storing the <u>under-lying cause lost.</u> (b)  DUE TO	_			
ne law physici	ial-tra ial-tra iaval,	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORMED YES NO	ر (2			
SICIAN: 11	ficate the bu		20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  IIF EITHER, NOTIFY MEDICAL EXAMINER)				
PHYSICIA of ar atten	his certi r use as ematian		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m.  P. m.  19 of work at work	tote)			
ENDING he hospih	R: After I ached foi burial, cr		21. I certify that I attended the deceased from (1) 13 6 1, 19 to 12 6 2 79 that I last saw the deceased live an 1 2 6 2 79 that I last saw the deceased live and I last saw that death account live and I last saw that last last last last last last last la				
OR ATT	DIRECTOR: d be detail prior to be		ACTUAL SIGNATURE 1238 Mourse W/E/2/E	, 2_			
PITAL	shou	1	PHYSICIAN'S OJOHA J JUCENCY (M)				
O HOSPI	O FUNE page 3 the regi		BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, lown, or county) (Stock)				
VS A1 15M 9	5 (4)		UNERAL DIRECTOR'S SIGNATURE Lalleys Frence Lone Marile Date JAN 9 162 Orthur & Knut				
			Ine.	_			



DIVISION OF STATISTICAL RESEARCH AND RECORDS. ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution: Residence before edmission) E COUNTY **b.** COUNTY 0 Prince b. CITY OR TOWN (if outside corporate limits, e LENGTH OF STAY IN 16 c. CITY OR/TOWN (If outside corporete limits, write RURAL and give nearest town) Write RURAL and give neerest town) rda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) e. 15 RESIDENCE 16 ON A FARM? papers n 72 hour MAME OF YES NO S complete DATE Year DECEASED OF (Type or print) DEATH 19 6 carbor 5. SEX 6. COLOR OR 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last bigthday) Months Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY 11. physicim 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? SIRTHP, ACE (County & State, or foreign country) done during most of working life, even if refired RAICY FOUTHY attending ph Then please r 13. FATHER'S NAME .⊑ MOTHER'S MAIDEN NAME and 15. WAS DEREASED EVER IN U.S. ARMED FORCES? 1.16 SOCIAL SECURITY NO. 17 INFORMAN removal, (Yes, no, or unkown) | (If yes give wer or detes of service d by the 1B. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) at Inwing has been Conditions, if eny, which gave rise to immediate cause **DUE TO** (e), stating the underlying certificate PART II OTHER SIGNIF CAND CONDITIONS CONTRIBUTING TO DEATH BUT BUT BUT BOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (18) 19. WAS AUTOPSY use as PERFORMED? 2 NO CERT.FICA OR CONTRIBUTING [] CAUSE OF DEACH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a ACC DENT WAS UNDERLYING IT DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of Item 18.) 206 After this 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. (Stete) 20f. (City or town) (County) fectory, street, office bldg., etc.] Hour e.m. While Not While MEDI may be retaine DIRECTOR: at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on death occured at from the causes and on the date stated above. 22b. DATE 22a, SIGNATURE **ATTENDING** SIGNED PHYS DIRECTOR PHYS. M D 22d. ADDRES 22c. PHYSICIAN'S NAME (Type) FUNE TO FUNE director, be filed v death. 23a, SURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (Stete) REMOVAL (Specify) Burial Jan 1962 Lincoln Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7,61 ex-



**DIVISION OF STATISTICAL RESEARCH** STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) e. COUNTY a. STATE 1 pg MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give neered lown) TOWN (If outside corporeta limits, write RURAL and give near and c. LENGTH OF STAY IN 16 þ .⊑ d. NAME OF HOSPITAL OR INSJITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RES DENCE ON A FARM? YES NO 3. NAME OF 4. DATE Year DECEASED OF (Type or print) DEATH 12 19 62 carbon GE (In years , F UNDER ) IF UNDER 24 HRS. 5. SEX MARRIED NEVER MARRIED and Jest birthday) Months Days Hours WIDOWED [ DIVORCED event, physician 10a. USUAL OCCUPATION IG. va kind of work remove 106, KIND OF BUSINESS OR INDUSTR 12. CIT.ZEN OF WHAT COUNTRY? (County & State or foreign country) done during most of working life, avan if raticad 13. FATHER'S ᆲ SOCIAL SECURITY NO. (Yas, no, or nkown) (If yas giva war or dates of sarvica) IB. CAUSE OF DEATH (Enter only one causa persina for (a), (b), and (c), i ONSET AND DEATH PART, I DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) **burial-transit** DUE TO Conditions, if any, which (b) gave rise to immediate causa DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e), 19. WAS AUTOPSY certificate PERFORMED? NO Z 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of flam 18 ) 20a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, form, 20f. (City or fown) (County) factory, streat, office bidg., alc.) While Not While Hour e.m. al work al work 21. I certify that (I) (this hospital) attended the deceased from 1.2. 4. , 196 , to 1/12 , 1962 that (I) (we) last 22b. DATE 22a. SIGNATURE ATTENDING MED. SIGNED DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN S 22d. ADDRESS NAME (Typa) MANE OF CEMETERY OR CREMATORY (Steta) 23d. LQCATION (City, lown or county) 23a. BURIAL, CREMATION. \$0:₹2 REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60-DATELLA



RYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 7. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY a STATE Prince George's Prince George's Maryland MARYLAND b. CITY OR TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete I mits, write RURAL end give neerest town) and à write RURAL end give nearest town) Landover Hills Cheverly days d STREET ADDRESS e. 15 RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? 7109 Varnum Street Prince George's General Hospital YES NO completely 3. NAME OF 4 DATE Month DECEASED 19 62 (Type or print) DEATH January 11 James Kirkpatrick 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH AGE (in yeers IF UNDER 1 YEAR IF JNDER 24 HRS. carbon pue lest birthdey] Months Male WIDOWED DIVORCED [ 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN ILS ARMED FORCES? [Yes, no, or unkown] | (If yes give wer or dates of service) 18. CAUSE OF DEATH (Finter only one cause per line for (a), (b., and (c).) ONSET AND DEA PART I. DEATH WAS CAUSED BY: !MMEDIATE CAUSE (0) **DUE TO** Conditions, if any, which (b) gave rise to immediate cause **DUE TO** (a), stating the underlying PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118) 1 19. WAS AUTOPSY PERFORMED? 20a, ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or lown) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from. .... 19.6. 2, and that death occured 61.45 M, from the causes and on the date stated above. saw the deceased alive on..... 22b. DATE 22e. SIGNATURE ATTENDING SIGNED MED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S death. Par 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. DATE THEREOF 23a. BURIAL, CREMATION, REMOVAL (Specify) 0.50 253. REC'D BY REGISTRAR 255. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 7. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY **b.** COUNTY Prince George's 27 Prince George's MARYLAND Maryland b. CITY OR TOWN ('f outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest fown) days Riverdale Cheverly 2 days
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Prince George's General Hospital 4710 Queensbury Road YES NO X completely 3. NAME OF 4. DATE Yaar DECEASED OF (Type or print) INFANT, BABY DEATH 62 January 12 19 Lamoure carbon 5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED TO 9. AGE (In years | IF UNDER ) YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) | Months pue Hours Male White WIDOWED DIVORCED January 10, 1962 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) NONE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME D<sub>U</sub> Carol R MORSE Bernard R. LAMOUREUX ፭ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT RLAMOUREUX RAME AS #2 (Yas, no. or unknwh) ! (If yes give war or detay of service) RERNARD 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH Pulmonary A PART I. PEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Premature DUE TO Conditions, if any, which gava rise to immediata causa DUE TO (a), stating the undarlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO [ 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED . 20a PLACE OF INJURY (Homa, farm, 20f. (City or fown) (County) (State) factory, streat, office bldg., atc.) While Not While Hour a.m. at work al work saw the deceased alive on.... DIRE 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHY5. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23d LOCATION (City, lown or county) NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 0 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Ciriling S. Firma ISM 9/60



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. FLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admiss on) a. COUNTY is necessary, lirector. Page files. Health, Maryland rince George Prince George MARYLAND b. CITY OR TOWN (if outside corporete lim ts. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) irector. write RURAL end give nearest town) まり your University Park Cheverly D.O.A.

d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) D.O.A. d. STREET ADDRESS . IS RESIDENCE ON A FARME Prince George's General Hospital 4412 East West Highway YES TO NO TE retains he State death. NAME OF Last DATE Month Day Теаг DECEASED OF 24 19 62 the Charles Harrison Lederer January (Type or print) DEATH with 6. COLOR OR RACE 7. MARRIED ANEVER MARRIED 5. 5EX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 2 with This certificate should be executed within 24 hours after the sword "pending" in pencil in Item 18. Give Pages 1, 2, and 3 dical Examiner's Office along with form PM3. Page 5 may used be used as a burial-transit permit. File pages 1 and 2 with cremation, or removal, and in any eyent within 72 hours a lant hirthdoy) Months Male Hours White July 6. 1888 WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working I.Ja, even if retired)
Stock Clerk Rethred U.S.A. Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Caroline Gleisner Phillip Lederer IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address Yes WW 1 578-05-0811 Virginia Walton Lederer, same 28 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congest heart failure IMMEDIATE CAUSE (a) DUE TO Coronary arteby disease Conditions, if eny, which (b) geve rise to immediate cause I the certificate, writing the word "pending" forwarded to the Chief Medical Examiner's L DIRECTOR; Page 3 should be used as a jed agent, prior to burial, cremation, or ret DUE TO (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1. 811 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar neture of injury in Part I or Part II of item 18.) PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Slete) fectory, street, offica bldg., etc.) Hour a.m. While Not While at work at work the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry 3 and in my opinion death resulted from Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ should be forward by FUNERAL DIN ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 1/25/62 DEPUTY MEDICAL EXAMINER EXAMINER'S DEFU J ames I. Boyd 0 NAME (Typa) Address (Street, c'ty, town, or county) 220. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOYAL (Spacify) 240 p burial 248 RECORNARDING TORRESTOR VS. AISME The S.H. Hines Company 7 S. Kraiss SM 9.60 JAN 2 9 Washington 9.

MARYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Part 4 may be relatived by the hospital or altending physician.

TO FUNE. DIRECTOR: After this certificate has been signed by the attending physician and completely din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Set I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)

**DIVISION OF STATIST** 

MARYLANI	STATE DE	PARTMENT	OF HEALT	Н	
TICAL RESEARCH A	ND RECORDS,	301 W. PREST	ON STREET,	<b>BALTIMORE 1,</b>	MARYLAND

1	01043	CERTIFICATE OF DEA	ATH	01034
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Chever Ly	MARYLAND 0. STATE	SIDENCE (Where decessed lived, If institution of the COUNTY Property of the RURAL Hyatts ville	rince Georges
	d. NAME OF HOSPITAL OR INSTITUTION (if not in he Prince Georges General  3. NAME OF DECEASED (Type or print)  5. SEX 6. COLOR OR RACE 7, MARR	. Hospital  Middle Loss  Lowis	4. DATE Month OF DEATH Jan	27 19 6 <b>2</b>
)	To. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Nome  13. FATHER'S NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 (Yes, no, or unknown) (lifyesgive were ordeles of service)  PART I. DEATH WAS CAUSED BY; IMMEDIATE CAUSE (a)  Conditions, if eny, which gave rise to immediate cause (a), stelling the underlying cause lest.  (c)	KIND OF BUSINESS OR INDUSTRY II. B RTHPLACE WAS HE IA. MOTHER'S ME IA. MOTHER'	County & Stele, or fore gn country)  12.  NATEN DE  MAIDEN NAME  CES DI MARR  Address 20  E LEWIS GREE	ZISA  ZO  LRIDGE ROA  INTERVAL BETWEEN ONSET AND DEATH  Auntag  Jany  16 has
	20e. ACCIDENT WAS UNDERLYING 20b. DI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Yaar Hour a.m. p.m. 19  21. I certify that (I) (this hospital) after saw the deceased alive on	d. INJURY OCCURED 200. PLACE OF INJURY (Hofectory, street, office blowded the deceased from 19.6.2 and that death occured M.D. ATTENDING PHYS. 22d. ADDRE	ome, ferm, 20f. (City or town) ldg., etc.)  19, to	(County) (Stete)  (Stete)  (Stete)  (Stete)  (Stete)  (Stete)
7	238. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) BERING PROPERTY SIGNATURE W. W. Wayney Lo-	CEDAR HILL	SUITLAND 250. REC'D BY REGISTRAR 256. REGISTRA	MU



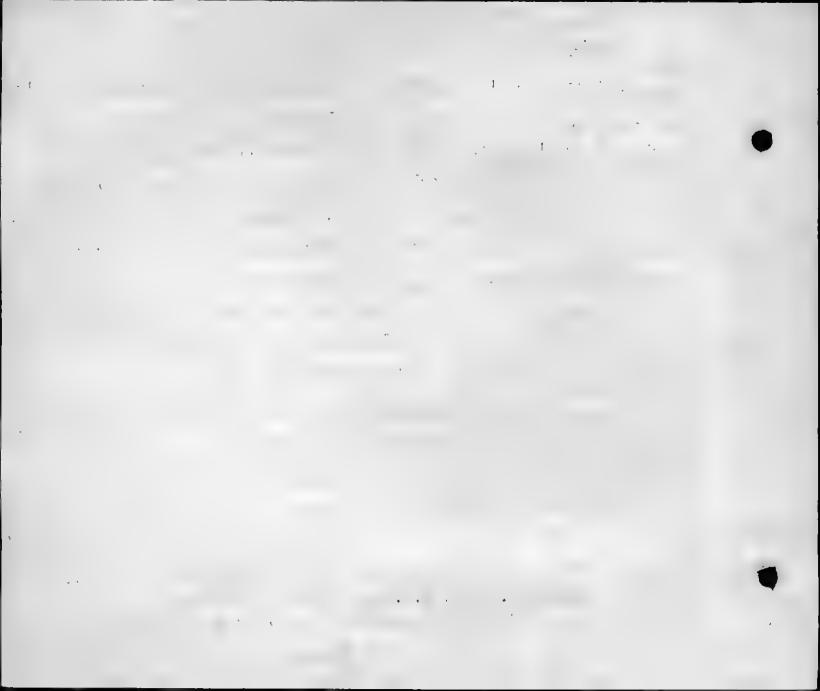
FOR STATE DEPT. TO DEPUT EDICAL EXAMINER: This certificate should be executed within 21 hams after death. If any delay is necessary, please et the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the fur director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files.

TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removel, and in any event within 72-hours after death. VS. A15ME

5M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1104 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	
a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)  5. STATE  6. COUNTY
Prince George's MARYLAND	Maryland Prince George's  c. CITY OR TOWN (ft outside corporete umits, write kURAL and give negrest fowly)
b. CITY OR TOWN (if outs de corporets lim'ts,  c. LENGTH OF STAY IN 1b  write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
Cheverly	Lanham
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?
Prince George's General Hospital	9113 7th., Street
3. NAME OF First Middle Middle	Lest 4. DATE Month Day Year
(Type or print) Lyell Earl	Luck January 4. 19 62
	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	last birthdey) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR INDUSTR	Dec. 26, 1898 6 yrs.  Y III. BIRTHPLACE (State or fore gn country)  12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	77.0
Excavator Construction	Virginia U.S.A.
Henry Jefferson Luck  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I	Addie Jane Pugh
(Yas, no, or unkown) (Ifyesgivewerordetesofservice)	1,44,4%
No None M	ary Elizabeth Luck Same as #2
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) COPONARY OCCLU	sion
7-3. O DUE TO	
Conditions, if eny, which (b) Coronary arter	y disease
geve rise to (mmodieta cause (a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES NEXT X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING   CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NO  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING   CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NO	nter neture of Injury in Part I or Part II of Item IB.)
	CE OF INJURY (Home, ferm, ' 20f. (City or fown) (County) (State)
Hour a.m.  While Not While fectors work at work	ory, street, office bldg., etc.]
21 I certify that I took charge of the remains described above, he	d an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes . Accident . Suici	
Justin 1634/64 (701): Notal al Couses [. Accident	
ACTUAL DO 100	CHIEF MEDICAL EXAMINER
SIGNATURE COMO JO-72	M.D ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER 1/4/62
NAME (Type) ( James I. Boyd, M.D. 226, BURIAL, CREMATION, 226, DATE THEREOF 226, NAME OF CEMETERY OR	Address (Streat, city, fown, or county)
REMOVAL (Semant) CV - Q 1010 T. of 4	- P 10/1 1 0 11/40
Burial Jan 0,1762 Fort dines	
W. W. Chambers Go Riverdal	24a. REC'D BY REGISTRAR 24b. REGISTRAT'S SIGNATURED
- CONTRACTOR OF THE CONTRACTOR	J 11194 DATAN 8 '62 11 11 11 11 11 11 11 11 11 11 11 11 11



1)			MARYLAND STATE DEPARTMENT OF HEALTH  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	ı		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
REALTH DEPT			2. USUAL RESIDENCE (Where deceased I'vad, If institution: Residence before address on)  Prine George's  Maryland  2. USUAL RESIDENCE (Where deceased I'vad, If institution: Residence before address on)  **STATE Maryland  **STATE Maryland  **DECOUNTY Prince George  **TATE Maryland  **TATE Marylan
r. Pag files. Health	N		Prine George's MARYLAND Prince George's  CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
A Se signature	IJ		write RURAL and give neerest town) Cheverly D.O.A. Carrollton
Si y	7	d	I. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  o. IS RESIDENCE ON A FARM?
dela ne ste B			Prince George's General Hospital 8303 Quinton Street VES No. 13
fa≡y he fu retaii ne Sta deat	1	1	NAME OF First Middle Last 4. DATE Month Day Year Declarased OF January 5 19 62
3 to 1 3 to 1 1 be iih th	1	5.	SEX   6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8 DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF JNDER 24 HRS.
and and 2 w			Male   White   WIDOWED   DIVORCED   Oct. 1, 1917   44 yrs   William
s affe 1, 2, 1, 2, 196 5 and and 72 h	1	don	USUAL OCCUPATION (Give kind of work of unit retired)  10b. KIND OF BUSINESS OR INDUSTRY  11 BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  12. CITIZEN OF WHAT COUNTRY?  13. CITIZEN OF WHAT COUNTRY?  14. CITIZEN OF WHAT COUNTRY?  15. A.
hour ages 3. Pa			FATHER'S NAME 14. MOTHER'S MAIDEN NAME
PW PA	1		Harry Manning Houston
within 18. Give form overity event	1	)5. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Address  Fillen Tdo Monning gome of # 2
tem tem with with			18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),]
il in long long ansit		1	PARTI DEATH WAS CAUSED BY, Congestive heart failure
d be pend isitra			442 X DUE TO
Houle in Diff.		-	Conditions, if eny, which (b) Cardilovascular renal disease geverles to immediate cause
nding iner's			(e), stetting the underlying DUE TO cause last. (c)
d "per d "per Exam se used ation,		NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G.VEN IN PART I(e) 19. WAS AUTOPSY PERFORMED?
This wor		CERTIFICATION	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Port I or Port I, of item 18.)  PRIMARY OF CONTRIBUTING
VER:			CAUSE OF DEATH.
AMINITA WITH Page or to by		MEDICAL	20c. TIME OF INJURY Month, Dey, Year Hour a.m. While et work et work at work a
icate to the COR.			21 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
Certification of the Control of the			death resulted from. Natural causes . Accident . Suicide . Homicide . Undetermined manner .
The orwa			ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED
A E			EXAMINER'S DEPUTY MEDICAL EXAMINER X January 6,1962
Should Prince its design		220	NAME (Type) James T. Boyd  BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
0 g 4 0 g	,		Durial Jm 9, 1962 Arlington National Red REC'D BY REGISTRAR'S SIGNATURE
VS. A15ME		23	JAN 8 62 Creins & Krous
5M 9/60			W. K. Hurtenann & Son 5732 Georgia Ave N. W. DATE

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S. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND **DIVISION OF STATISTICAL RESEARCH** CERTIFICATE OF DEATH USUAL RESIDENCE , Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH e. COUNTY Washington Prince Geo. County 4 2 g MARYLAND and b. CITY OR TOWN (foutside corporete limits, c. LENGTH OF STAY IN 16 c. CTY OR TOWN (If outside corporate him ts, write RURAL and give nearest town) write RURAL end give neerest town) 7 days d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCÉ ad. STREET ADDRESS ON A FARM? YES NO 55th. 50 Prince Geo. Gen. Hoso. 3. NAME OF Midd a DATE Month OF DECEASED (Type or print) DEATH 1-6-6219 Margelos Virginia AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months White WIDOWED A DIVORCED Female 1De. USUAL OCCUPATION (Give kind of work 12, CITIZEN OF WHAT COUNTRY? physician гетоме 1Db. KIND OF BUSINESS OR INDUSTRY 11 BIRT IP. ACE COURT v & State, or loreign country) done during most of working Life, even if retired) USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please .⊑ ding Jennie Adams Grimm Hugh Address 15. WAS DECEASED EVER N. U.S. ARMED FORCES? I 16, SOCIAL SECURITY NO (Yes, no, or unkown) | (If yes give war or dates of service) Same #2 George Margelos INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if any, which geve rise to immediate cause DUE TO ,a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS PONTRIBLING TO DEATH PERFORMED? NO X Umanik 20e. ACC DENT WAS UNDERLYING UNDER CONTRIBUTING CAUSE OF DEATH 1 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of Item 18.) (Stete) (County) 20c. TIME OF INJURY Manth, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) lectory, street, office bldg., etc.) While Not While Hour a.m. at work et work 21. [ certify that (I) (this hospital) attended the deceased from 12-31-61 19 to 1-6-62 19 that (I) (we) last .. 19......, and that death occurred at.. 8:140 (RM) the causes and on the date stated above. saw the deceased alive on DIRE 22b. DATE 22e. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) death. Pas O FUNE director, pa 23a. BURIAL, CREMAT ON, | 23b. DATE THEREOL 23c. NAME OF CEMETERY OR CREMATORY Jan 62 10 Wash. Nat. Cem. Suitland.25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE JUNERAL DIRECTOR'S SIGNATUR VR A15 (4) -LIDATE JAN

RYLAND STATE DEPARTMENT OF HEALTH



1
FOR STATE,
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please extended to the chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event, within 72 hours, after death.

VS. A15ME 5M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	U	1047 MEDIC	ar Examiner 2	CERTIFICA	IE OF	DEATH		(1)	039	3
1,	PLACE OF DEAT	H		2. USUAL RESIDE	NCE (Where de	econsed lived, if	institution; Re	sidence	before a	dmission)
	PRINCE GE	EORGES	MARYLAND	* SMARYLAN	D.	b. COUN	CHAR	LES		
	b. CITY OR TOWN (	if outside corporate limits, digite nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		orate limits, write	RURAL and	give no	arast tow	n)
	CAMP SPR		4 HOURS	BELALTO	N		NAX			
-		TAL OR INSTITUTION (If not in	hospital, give street eddress)	d. STREET ADDRESS	5		70			ESIDENCE
		PITAL ANDREWS,		BOX #83					YES [	NO K
3.	NAME OF DECEASED	First	Middle	Last	4. DATE	Month	1	Day	Year	
	(Type or print)	MARY	HELEN	McCARTER	DEATH	JANUAR	Ž	19	19	62
5.	SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED B	. DATE OF BIRTH	19		IF UNDER 1 Y	EAR L	F UNDER	24 HRS.
	FEMALE	NEGROLDD	WED DIVORCED	14 FEB 1923		38 yrs.	Months D	ays	Hours	Min.
10a	. USUAL OCCUPAT	ION (Give kind of work   10)	. KIND OF BUSINESS OR INDUSTR		a or foreign cor	7	12. CITIZ	EN OF	WHAT C	OUNTRY?
do	no during most of wo HOUSEWII	orking life, aven if relired)	Domestic							OUTTER
13.	FATHER'S NAME	100	17CIN CZTIC	WASHINGT				USA	-	
		arrondon a								
41:	JOHN L 1			MARY SWA	WW			_		
		if yes give war or dates of service)		THAMBOTH		Address				
	NO			S.MARY THOMP	SON BOX	83 BEL	ALTON .	MARY	LANT	)
		EATH [Enter only one cause ]	er line for (a), (b), and (c).)	4		0			RVAL BET	
		H WAS CAUSED BY:	GUERALIZET	FULMIN	ATIM	JURI	Pura		I AND L	
	X / L Y	DUE TO			,					
	Conditions, if any	, which ) (b)	EUERE HARE	MERCYTEP	BMA					
	gave rise to immed	DOMESTIC TO		7						
	(a), stating the u	naenying (c)								
Z	PART II. OTHER		ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1	i(a)   19.	WASA	UTOPSY
Ĕ	En	And address of the last of the	1	<i>p</i> '					PERFO	RMED?
5	20a, EXTERNAL CA		CATION LIU		and I as David II at	Stone SB 1		YE	· 📜	NO 📵
CERTIFICATION	PRIMARY OF CO		CRIBE NOW INJURY OCCURED. (E	user reserve of tulnik to be	on i or ren ii o;	item ic.)				
3	20c. TIME OF INJU	RY Month, Day, Year   20		CE OF INJURY (Home, far		or town)	(Count	ly)		(State)
MEDICAL	Hour n.m.	-0.	hile Not While facto	ory, street, office bidg., at	'c.)					
<	21 I certify th		emains described above, he	ld an Autonsy 🔀	Inspection	Inquir	v 75K)	and is	n my o	pinian
	death resulted i			promp		determined m		olid it	i my o	ווסווזוכ
		Δ	<u>.</u> ,	CHIEF MEDICAL	<b>└</b>	7	0111101			
	ACTUAL	(/.	9 13		DICAL EXAMIN	1 En [		The second	TE SIG	
	SIGNATURE	James	1 10014	M.D		37.	20		n 62	MED
	NAME (Type)	Tomas T Power	,		AL EXAMINER		20	/ UEL.	M OA	
220	BURIAL, CREMATIC	James I. Boy	22c. NAME OF CEMETERY OR	Address (Street,		ON (City, town,	na anuntari		(Slate	
440	REMOVAL (Specify)				B	IDIA (CIIY, ROWN,	OA I		(Siare	")
-	BURLAL		1 ST LGNAT		DELI	4LTON,	1119			
23.	FUNERAL DIRECTO		ADDRESS		C'D BY REGISTI	AR 24b. REGI	STRAR'S SIG	NATUR	Ė	
1	he HUNT	+ Funeral H	ome, WALDORF,	MD. DATEA	N 3 0 '62	Line	lung & Flo	LOANE B		

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MARYLAND STATE DEPARTMENT OF HEALTH							
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND							
01048 CERTIFICAT	TE OF DEATH						
1. PLACE OF DEATH  e. COUNTY	2. USUAL RESIDENCE (Where decased lived, If institution: Residence before admission)  a. STATE  b. COUNTY						
Prince George's MARYLAND	a. STATE b. COUNTY						
b. CITY OR TOWN (if outs'de corporate imits, c. LENGTH OF STAY IN 1b wr'te RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Cheverly 12 days	Washington, D. C. 47x						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet eddress)	d. STREET ADDRESS  a. 15 RESIDENCE ON A FARM?						
Prince George's General Hospital	3014 So. Dakota Avenue, N. E. VES NO						
3. NAME OF First Midd.a	Last 4. DATE Month Day Yeer						
(Type or print) William F.	McDonald DEATH January 19 19 62						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF,BIRTH  9. AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.						
Male White WIDOWED DIVORCED	8-7-09   S2 yrs.   Days   Hours   Min.						
10a. USUAL OCCUPATION (Give kind of work dens during most of working life aven if ratified)	RY 11. BIRTHPLACE (County & State, or fore gr country) 12. CITIZEN OF WHAT COUNTRY?						
done during most of working life, even if ratired)  Cwn.	Washington, DC USA						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
John W. McDonald	Mary E. Holmes						
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address						
	rs. Ethel P. Holmes Same as # 2.						
18. CAUSE OF DEATH (Enter only one causa per line for (a), (b), end (c).)	ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY.  MMEDIATE CAUSE (a) abarmenot	Callenanatora 3 mos.						
DUE TO DI							
Conditions, it any, which (b) Udenocaran	no signification						
geva rise to immediate causa (e), stating the underlying DUE TO							
cause last. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AJTOPSY PERFORMED?						
CA Ail	YES NO .						
206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	D. (Enter neture of injury in Part I or Part II of item 18.)						
O (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	ACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) ctory, street, office bidg., etc.)						
Hour e.m. Whila Not Whila p.m. 19 at work at work							
21. 1 certify that (I) (this hospital) attended the deceased from.	Oct 25, 196/, to Man 19 , 1962, that (1) ( ) last						
saw the deceased alive on Jan 1962 and tha	it death occured at 2.4347 from the causes and on the date stated above.						
220. SIGNATURE OF DATE	ATTENDING MED. STAFF 22b. DATE SIGNED						
ofavy // (arlfor)	M.D. PHYS. DIRECTOR PHYS.   Man 19/1961						
22c. PHYSICIAN'S NAME (Table)	22d. ADDRESS						
NAME (TDF) . Harry N. Carlton	940 25th Street, N. W. Washington, D. C.						
230. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)						
Burial Jan. 22 -02 Cedar Hill Ce							
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250, REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE						
Jemmons anos 1661 Lava	THE PERIOD 2 2 62						
	At .						



# FOR STATE **HEALTH DEP** director, Page your files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please extended within 24 hours after death. If any delay please extended to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit file pages 1 and 2 with the State Boar or its designaled agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. ATSME 5M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

T.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution; Residence before admission)
	e. COUNTY	e. STATE. b. COUNTY
V)	b. CITY OR TOWN (f outside corporate lim ts, write RURAL and give nearest town)  C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate Limits, write RURAL and give nearest town)
1	Lanhan  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospite), give street eddress)	Beckley  d. STREET ADDRESS  1. IS RESIDENCE
X	9207 6th Street	d. STREET ADDRESS  106 Reservation Avenue
	3. NAME OF DECEASED	Lest 4. DATE Month Dey Year
	(Type or print) Thomas Andrew	McGuire   DEATH January 26 19 62
7	S. MARAGER MARAGED	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	March 31, 1900 61 yrs.
	Salesman Minning	West Virginia U.S.A.
	William McGuire	UNKNOWN - ELIZABETH KAY
	(Yes, no, or unknwn)   [ffvesgivewerordetesofvervice]	TFORMANT Address
1	NO 234-10-8919 TE	hayard Andrew McGuire, same as # 1
	PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (6) COPONARY OCC	Lussion
	Conditions, if env. which (b) Coronary and	tery disease
	(e), stating the underlying DUE TO	
7	Cause lest. (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUE NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT  208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (End Cause of Peath).	PERFORMED? YES NO P
		ter neture of injury in Part L or Pert il of item 18 )
		E OF INJURY (Home, ferm, 2Df. (City or town) (County) (State) y, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above, held	an Autopsy . Inspection I Inquiry . and in my opinion
	death resulted from: Natural causes 📑 Accident 🗌, Suicid	
	ACTUAL ( C)	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED
5	SIGNATURE SEXAMINER'S	DEPUTY MEDICAL EXAMINER A January 26.1962
74,000	NAME (Type) James I. Boyd	Address (Street, city, town, or county)
	220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR C. REMOVAL (Specify) gan 29, 1962 Sunset Warner	00 6 3 60 11/1/10
	23. FUNERAL DIRECTOR	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	Distriction - Street Contraction of	DATE JAN 31 '62 C. Ilma S. Thrus



LAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 07050 funeral 1. PLACE OF DEATH TIRTIAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY a. STATE Prince Go re Marvland MARYLAND PRINCE Georges b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN Ill outside corporete limits, write RURAL and give nearest town! c. LENGTH OF STAY IN 16 É ģ write RURAL and give nearest fown) Takoma Park, Maryland RIVERDALE, Md. d STREET ADDRESS . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? Leland Trem. Hospital 7106 Pouplar Avenue YES NO P Biverdale, mal. 4408 2448msbury RLexecuted 9 3 NAME OF Middle 4. DATE Year comple DECEASED DEATH 19 62 (Type or print) WAYne hewis MARADAN and con carbon AGE (in years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED THEY MARRIED 5 SEX last birthday] Days MALL WIDOWED [ DIVORCED 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11 BIRTHP, ACE (County & State, or foreign country) done during most of working life, even if retired) NaNE VUNQ 13. FATHER'S NAME 14. MOTHER'S MAINEN NAME Wayne Lewis Mendous AMU CIAVK IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17 INFORMANT Address (Yes, no, or unkown) (If yes give warp; dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY. MMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE, ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? NO 20a ACCIDENT WAS UNDERLY NG . 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (State) 20c. TIME OF SNJURY Jactory, street, office bldg., atc.) While Not White Hour a.m. at work | at work 19 ( To , 19 5 3 that (I) (we) last 21. 1 certify that (I) (this hospital) attended the deceased from... and that death occured at ....... M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22a. SIGNATURE SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN S NAME (Type) 23d. LOCATION (City, town or county) (Stete) NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION 0:53 EMOVAL (Specify) Baldensburg Burial MdEvergreen 258. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Hyattsville, Maryland DATE JAN 1 8 '62 15M 7,61 Francis Gasch's Sons Corner Y. Yeraus



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 91051CERTIFICATE OF DEATH with director, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fived. If institution; Residence before admission) Maryland f. led **b.** COUNTY Prince George's Pr. Geo's Co. MARYLAND funerol c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carporate limits, write è RURAL and give neorest town)
Suitlend 2 Days 20 Hyattsville, Maryland d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE Suitland Nursing Home ON A FARM? 7409 - Taylor Street YES 🗍 NO 💢 NAME OF 4. DATE First Middle Manth Year Filled LEE MERROITH DEATH Poges INA 1940 deoth. (Type ar print) IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH AGF (In years SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Days house after White Female -1887July 14 WIDOWED K DIVORCED [7] papers. 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Domestic Virginia USA pup corbon 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physicion Catherine M. Mitchell L. A. Rice 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address Zenith M. Mitchell Same: as othending INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one cause per linesfor (a), (b), and (c) ] ONSET AND DEATH ä PART I, DEATH WAS CAUSED BY: 58 IMMEDIATE CAUSE (a) **DUE TO** ۾ igned by permit. Canditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underte has been sig buriol-transit p lying cause lost, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19 WAS AUTOPSY PERFORMED? ottending phy ertificate has l YES NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Fort I or Fart II of item 18.) certificate 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c TIME OF INJURY Month. 20d. INJURY OCCURRED (County) (State) Day, Year factory, street, affice bldg., etc.) Hour o.m. While Not while Fish at work at work p. m. After 10 1955, to 1-26, 1967 that (1) (we) last 21 1 certify that (1) (this haspital) attended the deceased fram... e G 1962 and that death occurred at 30 M, fram the causes and an the date stated above. RECTOR: saw the deceased alive an 22a SIGNATORE 226 DATE SIGNED ATTENDING PHYS STAFF MED.
DIRECTOR M.D. 22c. PHYSICIAN'S BOWEN Rd. S.E. NAME (Type) To FUNERAL poge 3 show the Stole Bo 23b DATE THEREOF 23c NAME OF CEMETERY OR GREMATORY 23d LORATION (City, town, or county 23a BURIAL, CREMATION, (Stote) REMOVAL (Specify) 24, FUNERAL DIRECTOR'S SIGNATURE 25b REGISTRAR'S SIGNATURE **ADDRESS** 25g, REC'D BY REGISTRAR JAN 3 0 '62 anthur VR A15 (4)

executed within 24 hours ofter death. Page

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15M 9/59



3.

13.

15. (Yes

MEDICAL CERTIFICATION

23e C 24

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MARYLAND STAT	E DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND REC	ORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CATE OF DEATH
01052	TATE OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edm ssion)
	examp  **STATE  **STA
b CITY OR TOWN (if outside corporete lim ts, write RURAL and give nearest town)	AY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Choverly 14 hrs	21 Seat Pleasent
d. NAME OF HOSPITAL OR INSTITUTION (if not in haspital, g ve street edd	ress) d STREET ADDRESS o. IS RESIDENCE ON A FARM?
Prince Georges General Hospital 3. Name of Middle	6110 Greigg Street YES NO 1
(Type or print)	Miller DEATH Jan 21 1962
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRI	P. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.
WIROWED TO PINODE	Months Days Hours Min.
remale : Minite : Unite	R INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Maryland U.S.A.
13. FATHER'S NAME	Maryland U.S.A.  14. MOTHER'S MAIDEN NAME
Towlo Millon In	Merle Brickey
15. WAS DECEASED EVER IN U.S. AKMED FORCES? 16. SOCIAL SECUR TY	O. 17 INFORMANT Address
(Yes, no, or unkown) ((fyesg) vewerar detes of service)	Mother Same as above
18. CAUSE OF DEATH (Enter only one cause per line for [a], (b), and	c). INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND JEATH
IMMEDIATE CAUSE (a)	
DUE TO	0- 0-1
Conditions, if eny, which (b)	will the total
(e), stering the underlying DUE TO	b Tilble from
ceuse test. (c)	und on randow ruselines rules ex
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,61 19. WAS AUTOPSY PERFORMED?
Ř.	YES NO T
	OCCURED. (Enter neture of Injury in Pert I or Pert II of item 18.)
GR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ZOC. TIME OF INJURY Month, Day, Year , 20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
ZOC. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED While Not While et work 19 et work 19	Sectory, street, office bldg., etc.)
p.m. 19 of work of work 21, i certify that (i) (this hospital) attended the decease	ad from 1-20 152 to 1-21 1962, that (I) (we) last
	and that death occured at 1.2. 10, Aldm the causes and on the date stated above.
22e. SIGNATURE	22b. DATE
Carlo Carlo	ATTENDING MED. STAFF PHYS. SIGNED
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Dr. Carlos C. Sera	6110 - 43rd Avenue, Hyattsville, Md.
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF C	EMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State)
Cremation 2-2-62 PrincekGe	Gen. Hospital Cheverly, Maryland
24 FUNEXAL DIRECTOR'S SIGNATURE ADDRESS	25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
allem h) tre-	DATE FER 6 '62 Circling S. France
Poph Jr Achinistrator	



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 01053 CERTIFICATE OF DEATH S 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) PLACE OF DEATH COUNTY o STATE **b.** COUNTY 5 MARYLAND KENTUCKY PERRY PRINCE GEORGES \* c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) havrs after death. 0 CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) HAZARD ANDREWS AIR FORCE BASE e. IS RESIDENCE d. NAME OF HOSPITAL (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? OR INSTITUTION YES NO US AIR FORCE HOSPITAL HIGHLAND AVENUE ... 4. DATE NAME OF First Middle lost Month Dov Year filled des 1 DECEASED BILLY JOE MILLER JR DEATH JANUARY 10 1962 (Type or print) after death IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED KT B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days MALE CAUCAS I AN WIDOWED 5 OCTOBER 1960 DIVORCED [ yrs. camplet papers. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) UNITED STATES KENTUCKY NONE NONE pup 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 5 physician event, within GERMANY LILLIAN BROWN BILLY JOE MILLER SR Address WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT NÖ NONE MOTHER (MRS LILLIAN MILLER) SAME AS ITEM #2 attending please INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ROM ONSET AND DEATH PART I. DEATH WAS CAUSED BY: monte IMMEDIATE CAUSE (0) and E **DUE TO** ENROUTE permit. remayal, Conditions, if only, which (b) gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. **burial-transit** ь PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY cramation, PERFORMED? prummia YES NO KK ARRIVAL 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) 20₀. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) burial, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) 20c. TIME OF INJURY 20d INJURY OCCURRED (County) Month, Doy, Yeor foctory, street, office bldg., etc.) Hour o. m. While Not while at work of work NO prior 196/ to 10 JAN . 1962-that (1) (440) last 21 I certify that (I) (this haspital) attended the deceased fram. 10 31 eq 19\_62 and that death accurred at \_\_2M, from the causes and an the date stated above saw the deceased alive an 10 JAN detach CTOR 220 SIGNATURE 22b DATE SIGNED ATTENDING PHYS JAN 62 M.D. DIRECTOR -PHY5 LENT Board 22c\_PHYSICIAN'S 22d. ADDRESS NAME (Type GERMANY SANFORD H. ANZEL. Capt USAF AT State 23d LOCATION (City, towe, or county) 23g ANRIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (Stote) Ω. page the St REMOVAL (Specify) JAWUARY 196 0 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 1400 (SEORGIA NIN LOSC. 15M 9/59 DC12

MARYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that be leath certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

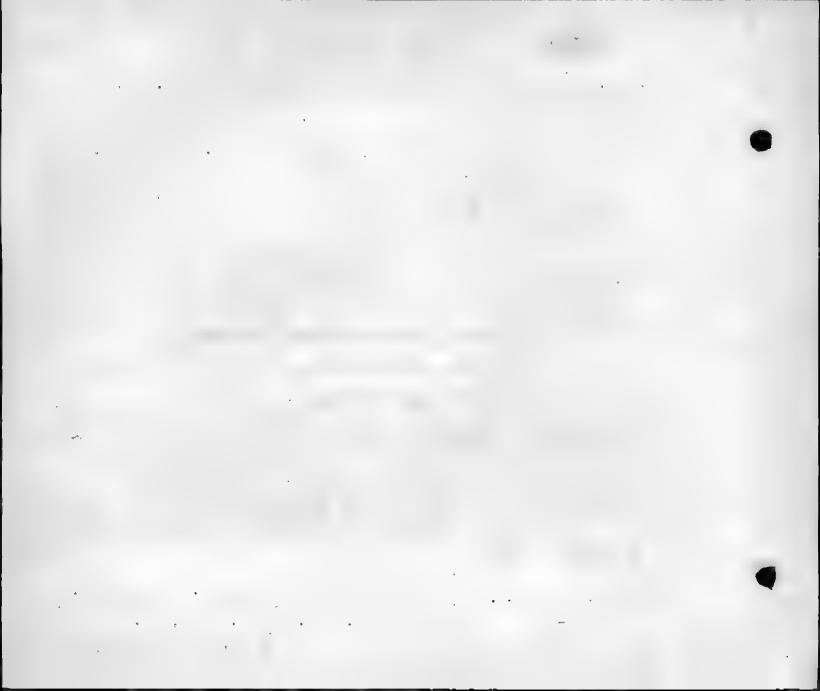
TO FUNN.

DIRECTOR: After this certificate has been signed by the attending physician and completely and in by the tuneral director, the 3 should be detached for use as the burial-transit permit. Then please-tempore carbon papers had 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and fin any eyent, within 72 hours after death.

VR A15 (4)

	MARYLA	MD ST	ATE DEP	AETMINT	OF HI	HYJAN	
TISTICA	I DESEADON	AND	DECORDS	201 W. DDES	TON ST	DEET BALTIMO	DE 1 MADVIAND

01054	CERTIFICAT	TE OF DEATH	i vile	01045
a. county  Pr. Geo. County	Maryland	2. USUAL RESIDENC a. STATE Maryl:	E (Where deceased lived, If institution, Reb. COUNTY  and Pra Geo.	Gounty
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN H		outside corporale limits, write RURAL and	
Riverdale d. NAME OF HOSPITAL OR INSTITUTION (if not in he	7 days	d. STREET ADDRESS	inier	e. IS RESIDENCE ON A FARM?
Eugene Leland Memoria  NAME OF FIRST DECEASED (Type or print) William	J. Middle M	4408 Queen:	sbury Rd. Riverdale  A Dafe  Month OF DEATH January	Md YES NO 1
5. SEX 6. COLOR OR RACE 7. MARRI Male White WIDOW		12-22-99	62 BZ m.	eys Hours   Min.
10a. USUAL OCCUPATION (Give kind of work dene during nost of working life, even if refired) 11a. FATHER'S NAME	KIND OF BUSINESS OR INDUSTR	Maryland	d Uni	ted States
John C. Miller	SOCIAL SECURITY NO. 17.	Minnier Spi		_
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the underlying  Cause last.  CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying (c)	nterioro	leroses		MTÉRYAL BETWEEN ONSET AND DEATH
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	MULLIUM SCRIBE HOW INJURY OCCURED	J		YES NO SANTOPSY PERFORMED?
20c. TIME OF INJURY Month, Day, Year 20d. White Sam. 19 as we	leNot Whila fect	CE OF INJURY (Homa, ferm, lory, street, office bldg., alc.)		ty) (State)
21. I certify that (I) (this hospital) attentions the deceased alive on.			966 to 1-3-6, 19 M, from the causes and on the	, that (I) (we) last ne date stated ebeve
22a SIGNATURE  22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	RECTOR PHYS.	22b. DATE SIGNED
23a. BURIAL (REMATION, 23b DATE THEREOF BUTTIAL (Specify) 1-8-62	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (Cry, town or county) Ft. 1 yer, Va.	
24 FUNERAL DIRECTOR'S SIGNATURE SU LOC LUMPARE HOME SU	OO-HUISH. ME	Wash, 250. REC'	D BY REGISTRAR 256. REGISTRAR'S SI	1-4



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH FOR STATE 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) 1. PLACE OF DEATH e. COUNTY b. COUNTY Page files. Maryland Prince George's Prince George's MARYLAND b. CITY OR TOWN (if oulside corporale limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest lown) District Heights District Heights
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddrass) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO Atwood Street Atwood Street. 7804 NAME OF 4. DATE Year Middle OF DECEASED DEATH (Typa or print) 19 Howard Mock AGE (In years ) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH last birthday) Months | Days WIDOWED DIVORCED October Male Page 5 s 1 and 2 n 72 box IDa. USUAL OCCUPATION (Giva kind of work 106, KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pennsylvania
14. MOTHER'S MAIDEN NAME II.S. Airforce Master Sargent pages Viola Wingate Walter Mock 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ityos give war or datas of servica) Katherine M. Mock, same None 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) INTERVAL BETWEEN ling" in pencil in the er's Office along v as a burial-transit p r removal, and in a ONSET AND DEATH PART I. DEATH WAS CAUSED BY. and MYOCARDITIS -IMMEDIATE CAUSE (a) DUE TO Conditions, if env. which geve risa lo immediale ceuse DUE TO (a), steting the underlying VI (0) cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTOPSY CERTIFICATION PERFORMED? pluous 20b. DESCRIBE HOW INJURY OCCURED, [Enter neture of injury In Pert ] or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. ite, writing the the Chief Me R: Page 3 sho rior to burial, WEDICAL 1 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, ) 20f. (City or town) (County) (Slate) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While Not While at work at work OR: P 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection x and in my opinion Inquiry | w. lease ex so the certific I should be forwarded it.

PUNERAL DIRECT or its designated agent, it. death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TO /11/62 EXAMINER'S James
Z REMOVAL SPERMENT 226. DATE THERTOF DEPU Address (Street, city, town or county) Boyd M. D Addr 22d. LOCATION (City, fown or country) (State) 7960 Artington National L. TATINGTON VIRGINIA. ₽40 º ADDRESS VS. A15ME JAN 1 5 '62 arthur & Krone Riverdale, Md. DATE 5M 9 60

MARYLAND STATE DEPARTMENT OF HEALTH



1			MARYLAND STATE DEPARTMENT OF HEALTH	
1	7		O1056 CERTIFICATE OF DEATH	
hours after the funeral	VI)		PLACE OF DEATH  a. COUNTY  Prince George's  MARYLAND  C. LENGTH OF STAY IN 16  C. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown,	sion)
ly within 24 in by s. 25 1 ap 1 a	77		write RURAL and give nearest town)  Cheverly  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)  Prince George's General Hospital  44 Colmar Manor  d. STREET ADDRESS  ON A FA  YES \( \sum \) NO	RM?
and complete carbon paper. it, within 72 B	1		NAME OF DECERSED (Typa or pr.nt)  SEX 6. COLOR OR RACE 7. MARRIED NEVER NEVE	HRS.
ith certificate I g physician ar ase remove ca in any event,		do	USUAL OCCUPATION (Give kind of work and during most of working life, even if retired)    Prince George's, Md.   U.S.A.     FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. CITIZEN OF WHAT COUNTY   16. BIRTHPLACE (County & State or foreign country)   17. CITIZEN OF WHAT COUNTY   18. BIRTHPLACE (County & State or foreign country)   17. CITIZEN OF WHAT COUNTY   18. BIRTHPLACE (County & State or foreign country)   17. CITIZEN OF WHAT COUNTY   18. BIRTHPLACE (County & State or foreign country)   17. CITIZEN OF WHAT COUNTY   18. BIRTHPLACE (County & State or foreign country)   18. BIRTHPLACE (Country & State or foreign country	ITRY
ss that the dealian.  y the attendin  rmit, Then plex			Moore, James Joseph  Was Deceased ever in U.S. Armed Forces? s, no, or unknown) (Ifyesgive war or dates of service)  18. Cause of Death [Enter only one cause par line for (e), (b), and (c).]  PART I. Death Was Caused By:  IMMEDIATE CAUSE (a)  PART I. Death Was Caused By:  IMMEDIATE CAUSE (a)  Wootten  Address  Mother  Same as above  INTERVAL BETWEE ONSET AND DEAT	
N: The law requir or attending physic a has been signed the burial-fransit pe ourial, cremation, o		7	PART I. DEATH WAS CAUSED BY:    IMMEDIATE CAUSE (a)   Full monary   HIQ / Q C / Q S / S      Conditions, if any, which   (b)     Gava rise to immediate cause (a), staling the underlying cause last.   (c)     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1;a) 19. WAS AUTO	PSY
PHYSICIA the hospital this certificat for use as lith prior to	, d.,	CERT FICATION	PRECORME  YES NO  20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enfar nature of nitury in Part I or Part I of Tem 18.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	:D?
retained by TOR: After be detached Dept. of Hea		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 20d. INJURY OCCURRED State of Injury (Home, ferm, 20f. [City or town] (County) (State of Injury in the state o	) las
PITAL OR AT PACE TO DIRECT DIRECT PAGE 3 should with the State	April 100 mg		saw the deceased alive on	ATE GNE
TO HOSE death. F TO FUN!	Su.		REMOVAL (Specify)  Crey tion  12-2-65  Prince Geo.Gen. Hospital Cheverly, Md.  FURNIAL DIRECTOR'S SIGNATURE  Appress  23c. Name of CEMETERY OR CREMATORY  Prince Geo.Gen. Hospital Cheverly, Md.  25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE	_
VR A15 (4) 15M 9/60	33	1	DATE FES 6 '62 Circlar S. Hours	



DYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) IS RESIDENCE YES ZINO NAME OF DECEASED DEATH (Type or print) IF LINDER 24 HRS IF LINDER 1 YEAR AGE (In yeers NEVER MARRIED | 8. lest birthdey) WIDOWED IZ 10a. USUAL OCCUPATION (Give kind of work 12. CITIZENLOF WHAT COUNTRY done during most of working life, even if retired) 13. FATHER'S NAME SOCIAL SECURITY NO. INFORMANT (Yes, no, or Akown) (Hyesg veweror a esolservice) 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLY NG 20b. DESCRIBE HOW INICRY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) Month, Day, Yeer 20e PLACE-OS INJURY (Homa, ferm, (County) (Stete) 21. I certify that (I) (this heapital) attended the deceased from.... and that death occured at. I.C. from the causes and on the date stated above. saw the deceased alive on....... 22e. SIGNATURE **ATTENDING** DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 23a. SURIAL, CREMATION, 1 23b D BY REGISTRAR , 256. REGISTRAR'S SIGNATURE VR A15 (4)

and

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Whate dacaased livad, finstitution Residence before admission) a. COUNTY Health, irector, Page Prince George's
b. CITY OR TOWN (if outside corporate limits, MARYLAND <u>Prince George a</u> e. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL and give nearest town) ö D. O. A. Brentwood cheverly D. U. A.

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. JS RESIDENCE ON A FARM? Prince George's General Hospital 3410 YES NO T Windom Road 2 with the State 1, 2, and 3 to the fu 4. DATE DECEASED OF (Type or print) DEATH January 15. Morrison Mae 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. age 5 may 1 and 2 will 72 hours a last birthday) Months DIVORCED Female White WIDOWED March 21 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page dona during most of working life, even if ratired) At Home Housewife Virginia within Office along with form PM3. burial-transit permit. File pages 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Richards Matthews Miller Mattie Eanes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address (Yas, no, or unknown) ! (Ifyas giva war or datas of servica) 18. CRUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] Malcolm William Morrison Same as NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Asphyxia IMMEDIATE CAUSE (a) **DUE TO** removal Acute carbon monoxide poisoning Conditions, if any, which "pending" gave risa to immadiata causa Examiner's (a), stating the underlying 35 ould be used a PART II, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.6)1 19. WAS AUTOPSY PERFORMED? I to the Chief Medical E TOR: Page 3 should be prior to burial, cremat NO A 20a. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18 ) PRIMARY To ONTRIBUTING CAUSE OF DEATH. Was in a building subjected to motor exhausts
20d. NJURY OCCURRED 200. PLACE OF NURY (Home, ferm. 20f. [City or lown]
While Not While Hartspersee, office bldg., etc.)
Brentwood P. G. Month, Day, Yeer (Stata) 1,62 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry T. and in my opinion 'orwarded t Accident A Su cide Homicide [ Undetermined manner death resulted from-Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should 'or SIGNATURE DEPUTY MEDICAL EXAMINER 1/15/62 **EXAMINER'S** DEPU BOYD, M.D. NAME (Type) è Address (Streat, city town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION. I 22d. LOCATION (City, fown, or country) REMOVAL (Spacify) Jan 18, 1962 Ft Lincoln Cemetery Colmar Manor, Maryland. 240 g 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE JAN 1 8 62 F. Gasch's Sons dyattsville, Maryland. corner & Tirana SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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1 1	DIVISION OF
e P	
funeral should	1. PLACE OF DEATH
5 2 4 M	Prince Geo
dead dead	b, CITY OR TOWN (if out write RURAL and give
in 14 hour din by the 15 1 md 2 sifter death	Riverdale.
thin safe	d. NAME OF HOSPITAL
> 100 / 100	Eugene Lela
letel pers	3. NAME OF DECEASED
yac pa in y	(Type or print) Hare
be executed the bear of comparing the bound of the bound	5. SEX 6.
car car	Male
death mrificate be executed within 14 hours after ding physician and completely 15 1 and 2 should and in any event, within 72 hours after death	10s. USUAL OCCUPATION done during most of working
anys in a	teacher
death Inding property and in	13. FATHER'S NAME
the death attending then please val, and in	George
N: The law requires that the death or attending physician. The bas been signed by the attending price burial-transit permit. Then please burial, cremation, or removal, and in	(Yeuno or unkown) (If yesg
es that cian. by the ermit. I	18. CAUSE OF DEAT
Ibm law mquires the attending physician as been signed by the burial-transit permit al, cremation, or re	PART I. DEATH WA
: The law mount r aftending physical has been signed e burial-transit per rrial, cremation, c	410
aw ling on s tra ema	Conditions, if eny, wi
The law aftending as been si burial-trai	gave rise to immediate c
10 W 10	(a), slating the underly cause last.
VSICIAN: hospital or certificate hr r use as the prior to buri	PART II. OTHER SIG
PSICIA hospital certificate use as prior to [	N
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T	OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION
Affer It Affer It etached of Heals	3 20c. TIME OF INJURY
ii si de tra	Hour e.m.
ATTELLININ be retained COTOR: Aff uld be detact te Dept. of b	21. I certify that
	saw the deceased a
may b DIRE 3 shou he State	220. SIGNATURE
14 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Kitt
Nitt	22c. PHYSICIAN'S NAME (Type)
igd div	Donald R.
<b>~ ं भा</b> हु स	23a. BURIAL, CREMATION, REMOVAL (Specify)
H H	Burial
VR A1S (4) 15M 7:61	24 FUNERAL DIRECTOR'S SI

## MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1059 CERTIFICATE OF DEATH

T	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)							
	Prince George , MARYLAN	mary and Pr. Geo. Co.							
7	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest fown)							
	Riverdale, Md. 16 days	Hrattsville (3							
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE							
	Eugene Leland Memorial	5101 Crittenden St. YES NO NA FARM?							
j	NAME OF First Middle DECEASED (Type or print) Hand Herold I. Ira Mos	Lest 4. DATE Month Day Yeer OF							
		4 1, 00							
1.5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED X								
	Male Wite widowed Divorced	2-21-11 50 yrs. Months Days Hours Min.							
1	Os. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDitione during most of working life, even if retired)	USTRY 11. BIRTHPLACE (County & State, or larging country) 12. CITIZEN OF WHAT COUNTRY?							
]`	teacher School	Penn. U.S.A.							
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
1	George W. Moses	Catherine Ann Rich							
冶	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   1								
Ű	Yes no or unkown) (If yes give war or dates of service)	Hospital Records as above							
1	16. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH							
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which a (b) Arterior School of the control of the contro								
	4 20 - NOUETO								
	Conditions, if any, which \ (b) Writerente	levotee heart deseal							
	gave rise to immediate cause								
١.	(a), stating the underlying cause last.								
,	(0)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HO 19, WAS AUTOPSY							
Î	TAKE II, OTHER SIGNATURE CONDITIONS CONTINUED TO DEATH BU	PERFORMED?							
100		YES NO							
CEPTIFICATION	206. ACCIDENT WAS UNDERLYING □ 206. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING □ CAUSE OF DEATH I (IF EITHER, NOTIFY MEDICAL EXAMINER)	URED. (Enter neture of injury in Part I or Part II of item 18.)							
		MARK OF INTERNAL A COLUMN AS A							
AFBUTAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20c. Hour e.m.   While Not While	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (County) (Stete)							
3	P 17   13   13								
	21. I certify that (I) (this hospital) attended the deceased from								
	saw the deceased alive on 1-4 1962 and	that death occured at A. A.M., from the causes and on the date stated above.							
	220. SIGNATURE	ATTENDING MED. STAFF 22b, DATE SIGNED							
	Litt Tunedil	M.D. PHYS. DIRECTOR PHYS.							
	22c. PHYSICIAN'S	22d. ADDRESS							
	NAME (Type) Donald R. Purdie M.D.	4408 Queenspury Rd. Riverdale, M d.							
- 2	38. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF W.	C ( REMATORY 23d. LOCATION (City, lown or county) (State)							
1	Burial Jan. 8, 1962 Prospect								
-	A SINISPAN DIPECTOR'S SIGNATURE	1 25% REC'D BY REGISTRAR 25%, REGISTRAR'S SIGNATURE							
12	Con Ala Francisco Harrison	1 >1 1.41							
13	Gasch's Funeral Home Hyst.	SVIIIC 19 Apare JAN 8 '62   Cirling S. Kraus							



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) I. PLACE OF DEATH b. COUNTY Maryland Prince George! b. CITY OR TOWN (fouts de corporete imils. MARYLAND c. LENGTH OF STAY IN 16 director, write RURAL and give neerest town? 3 Hatismville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? 4508 Buchanan Street YES NO X Prince George's General Hospital 3. NAME OF OF DECEASED Raymond Cassins Myers DEATH 19 (Type or print) January 9. AGE (In years | IF UNDER 1 YEAR, IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH last birthdey) | Months | October 22,1894 67 ys. Male DIVORCED WIDOWED [ 112. C TIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) dane during most of working life, even if retired) Retired Clerk U.S.A. pages 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Arthur Clinton Myers Annie Goodhart 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17 INFORMANT (Yes, no, or unkown) (Ifyesgivewerordetesofservice) Matilda Myers, same as INTERVAL BETWEEN 18. CAUSE OF DEATH linter only one cause per line for (e), (b), end (c).] ONSET AND DEATH Office along burial-transit p PART I, DEATH WAS CAUSED BY: Coronary occlussion IMMEDIATE CAUSE (e) DUE TO Coronary artery disease Conditions, if ony, which (b) geve rise to 'mmediate cause DUE TO (a), stelling the underlying be used mation, o PART J. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0) 19. WAS AUTOPSY PERFORMED? NO 4 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c TIME OF INJURY Month, Dev. Year | 2Dd, INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or fown) (County) tectory, street, office bldg., etc.) While Not While 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 3. Inquiry [ and in my opinion Öā death resulted from: Natural causes Undetermined manner Accident . Suicide Hom'cide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER January 6,1962 220. BURIAL, CREMATION, 226. DATE THEREOF Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) Ft Lincoln Cemetery Colmar "anor Md. Jan 8, 1962 Q 40 P 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR . Gasch's Sons Hyattsville Md Orthur S. Kenser

MARYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the death. Page 1 may be relatined by the hospital or attending physician.

Year 1 may be relatined by the hospital or attending physician.

Year 2 may be relatined by the hospital or attending physician and completely in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers as 1 and 2 should So be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

01052

ħ		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased I ved, if institutions Residence before admission)
IJ		Prince Georges MARYLAN	• . STATE Maryland b. COUNTY Prince Georges
4	- 1	b. CITY OR TOWN (if outside corporate limits,   c LENGTH OF STAY IN	to c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		write RURAL and give nearest town) Cheverly	Mitchellville
7	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d STREET ADDRESS   e. IS RESIDENCE
		Prince Georges General Hospital	Central Ave. ON A FARM?
		NAME OF First Middle	Last 4. DATE Month Day Year
		DECEASED (Type of print) LT-7+000	Jicholson Sr. DEATH Jan 16 1962
	5.	THE STATE OF THE S	icholson Sr. Jan 16 1962  B. DATE OF BIRTH   9. AGE (In years IF UNDER 1 YEAR   IF UNDER 24 HRS.
		7. MARKIED NEVER MARKED	last burindey) Months Days Hours Min.
		ale White WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR HIDD	Oct.30,1873   88 yrs.
		redung good of working the same of work of the control of the cont	USTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		-WoneGen Merchandise Farm	Maryland   U.S. A.
	13.	FATHER'S NAME Merchant	14. MOTHER'S MAIDEN NAME
)		Nicholas Reverdy Nicholson	Annie Maria Tydings
/		s no or unknum) ([fvesaiveumrordatesofrenvies])	Address Mitchellville
		No , 1	Mary Elizabeth Nicholson- Maryland.
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).)	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY:	Ezitaits. Zzyh.
		J S D DUE TO	
		Conditions, it only, which is Duranical (	12h
		gave rise to immediate cause	11 / due to
		(e), stating the underlying	brotzertal Szamaid Consider
	z	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
)	CATION	8/1 0 0/1	PERFORMED?
	25.	2Da. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCU	IRED. (Enter netura of injury in Pert I or Pert II of Item 18.)
	CERTI	OR CONTRIBUTING — CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Cities residue of injuly to veri to a real to a fresh to.)
	MEDICAL		PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
	WEDI	Hour e.m. While Not While	fectory, street, office bldg., atc.)
			om. 1. 1. 3
			that death occured 6,25.MAN from the causes and on the date stated above.
		220 SIGNATURE	ATTENDING MED. STAFF 22b. DATE
		V. Vank Homes	M.D. PHYS. DIRECTOR PHYS.
į.		222. PHYSICIAN S NAME (Type)	22d. ADDRESS
		Dr. A. Clark Holmes	1108 Pratt Street, Upper Marlboro, Md.
		BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMET	
		REMOVAL (Specify) 1/18/62 Mt. Oak Co	emetery Mitchellville, Md.
		FUNERAL DIRECTOR'S SIGNATURE	250. REC'D BY-REGISTRAR 256. REGISTRAR'S SIGNATURE
7.	I	Ritchie Bros.Fun'l Home-Marlbore	Md. DATE JAN 25 62 inter & Thomas



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNITY DIRECTOR: After this certificate has been signed by the attending physician and completely din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Set I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removely and in any event, within 72 hours after death. VR A1S (4) 15M 7,61

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MARYLAND STATE DEPARTMENT OF HEALTH							
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND,							
01062 CERTIFICA	TE OF DEATH						
• COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edm.ssion)						
Prince Gen MARYLAND	*. STATE 6. COUNTY Frince Gom,						
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b  write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Riverdale mn. 14 days.	13 NAatsville						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  e, IS RESIDENCE ON A FARM?						
Eugene Leland Memoria	480 2 48 RUC. YES NO 1						
NAME OF First Middle	Lasi 4. DATE Month Day Year						
(Type or print) Frank	e//ofte DEATH / 7 1962						
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.						
male W WIDOWED X DIVORCED	1-10-1900 Last bethdey) Months Days Hours Min.						
De. USUAL OCCUPATION (GIVE kind of work 106, KIND OF BUSINESS OR INDUSTR	Y 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
done during most of working life, even if retired)	Wa U.S.a.						
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Um Xe	Mar R.						
5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17.	INFORMANT Address						
yes, no, or unkown) [Hyesgivewarordatesofservice]	ecord 047,00 4408 Queensbury RC						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)	ONSEI AND DEATH						
7) & DUETO							
Conditions, if any, which (b)							
gave rise to immediate cause							
cause last.							
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOL 19. WAS AUTOPSY						
	PERFORMED? YES NO T						
	. (Enter nature of injury in Pert I or Port II of item 18.)						
OR CONTRIBUTING CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)							
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)						
	ory, street, office bldg., etc.)						
9.114 77 12 12 1	12-24- 106/ to 1-7 1062 that (1) (wa) last						
21. I certify that (I) (this hospital) attended the deceased from.	The second secon						
saw the deceased alive on	death occured at						
1-1011	ATTENDING STAFF SIGNED						
22c. PHYSICIAN'S	22d. ADDRESS						
NAME (Type)							
38. BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or county) (State)						
3REMOVAL (Space(4)) 1/-10-62 ht 00 it	Constitute Washington D.C.						
4 FUNERAL DIRECTOR'S SIGNATURE / ADDRESS	25a. REC'D BY REGISTRAR 25b. RECISTRAR'S SIGNATURE						
F. Eloraba son Hartsville	mel - JAN 9 '62 Enthur & House						



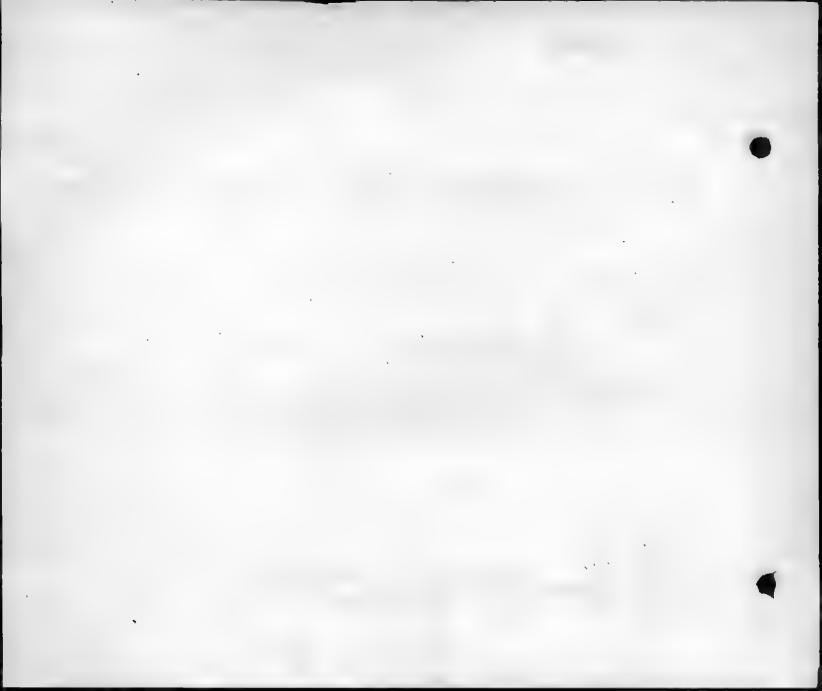
4			MARYLAND STATE DEPARTMENT OF HEALTH	
1	$\overline{}$		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYI	
1 00 m	(V)		01063 CERTIFICATE OF DEATH	054
at a la l	VIV	1,	PLACE OF DEATH  2. USUAL RESIDENCE (Where decessed lived, if institution: Resider  a. COUNTY  a. STATE  b. COUNTY	nce before edm.ss'on)
ours	1	ַ	Prince George's Manyland Prince George	ge's
by and	/		write RURAL end give neerest town)	neerest town)
d in d in after	77		heverly 2 days  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)  d. STREET ADDRESS	e. IS RESIDENCE
with with	1/		Prince George's General Hospital 6600 Greig Street	YES NO
etely sers. 2 ho		3.	NAME OF First M.ddle Lest 4. DATE Month Dev	Yeer
mpl pap in 7			(Type or print) Owens DEATH January 8	19 62
d co		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER LYEAR lest birthday) Months Days	Hours Min.
n an a car		100	Male   White   WIDOWED   DIVORCED   January 6, 1962   YES   2006. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (County & Steve, or foreign country)   12. CITIZEN (County & Steve, or foreign country)   13. CITIZEN (County & Steve, or foreign country)   13. CITIZEN (County & Steve, or foreign country)   14. CITIZEN (County & Steve, or foreign country)   15. CITIZEN (Cou	OF WHAT COUNTRY?
lifica sicia nove		do	one during most of working life, even if refired)	or what country
phy:		13.	B. FATHER'S NAME 14. MOTHER'S MAJDEN NAME	_
ding ding pleas			John F. Owens, Sr. Patricia Marie Scott	
P = = =		15. (Ye	5. WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Address  (es, no, or unknown), (liyes give we ror deles of service)	_
ta ta			Mother	
es the cian. by the rmit.				NTERVAL BETWEEN NSET AND DEATH
hysic hysic hed if pe				
w re			Conditions, if any, which? (b) (m) ( & m), Hearth His ease	,
e la endii beer rial-1			geve rise to immediate cause (e), stating the underlying DUE TO	
traff has be bu			ceuse lest. (c)	
ral or cate or but	2.	CATION	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+)	PERFORMED?
SIC ospil artific ior 1	7.1	FICAT	20s ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Port II of Item 18.)	YES NO
he he he for a for a for a		CERTI	OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
by the head head head		CAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or fown) (County)	(State)
Aff Aff of I		MEDICAL	Hour e.m. While Not While factory, street, office bldg., etc.)	
TEN TEN OR: De d			21. 1 certify that (1) (this hospital) attended the deceased from1/6/	that (I) (we) last
ECT Sel			saw the deceased alive on	
OR may DIR sho			226. SIGNATION ATTENDING ATTENDING ATTENDING PHYS. STAFF PHYS. X	22b. DATE SIGNED
S de de			22c. PHYSICIAN'S DIRECTOR PHYS. X	
Par Par VE	1		NAME (Type) Dr. Milos A. Jansa 7403 Varnum Street, Landover Hi	lls, Md.
HOS ath. FUN ector filed		230	30. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county)	(State)
နှင့်နှင့်			Cremation 1/22/62 Prince George's General Cheverly, Maryland	
VR A15 (4)	5	24	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REGISTRAR'S SIGNATURE JAN 2 4 62 Circling 8, 4	
iom ylou	15	H	Har Hong, J. Wamin Fstrator DATE SALV 2 4 02 Cinitum X. 7	DEALER .
	2		x 1/23/24	



VR A1S (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH

	0-1-0-0	OF STATISTICAL RESEARCH A	ND RECORDS — BALTIA	MORE-1-, MARYLAND	0000
7	UL 064	Trem 0 Pin	-200 - 1/0/6	ere deceased lived. If institution	Residence hetere odmission)
	TRINOZ GEORGES	MARYLAND	d. STATE	L COUNTY	PRINIE George
	CITY OR TOWN (If autside carporale limits, write RURAL and give nearest lawn)	c. LENGTH OF STAY IN 16 4 Morette	50 W- H	utside carparate limits, write RU Yattsville	RAL and give regrest town)
	OR INSTITUTION 3 Salar	/V _A	d STREET ADDRESS	KNAY OT.	e. 15 RESIDENCE ON A FARM? YES NO
	NAME OF Ferst DECEASED Type or print)  LEOCARI	Dia 6 PA	Lost LMER	4. DATE Month	Day Year /- 1962
5 5		ARRIED NEVER MARRIED DIVORCED DIVORCED	mar 4.18;	P AGE (in years last birthday) yrs	IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Haurs Min.
100	USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired)	06. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of Mens)	or fareign country)	12 CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME alfred O. BRI	ooks	14. MOTHER'S MAIDEN N	100me	1
	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates af service,	16 SOCIAL SECURITY NO. 17 IF	HATTIE L	. Horvar	E .
NOI	Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.  PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION	200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in f	Part I or Part II of item 18.)	YES 🗍 NO)Z
MEDICAL	Haur p.m. W	d. INJURY OCCURRED 20e, PL hile Nat while wark at wark	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.	20f. (City or town)	(Caunty) (State
	21. 1 certify that (1) (this haspital) at saw the deceased alive an		20 Nov 190 death accurred at 132	M, fram the causes and	, 19.0 2 That (1) (10) last an the date stated above
	22a SIGNITURE PJO	2	ATTENDING ME		Jan 62
25	NAME (Type) THOM AS PU	FOGARTY	1011 UNIV	BLUD E. SI	LVER SPRINGRY
L	Burial, CREMATION, 236 DATE THEREOF  REMOVAL (Specify)  Burial  JAN. 3, 196			Pought ep.	sie N.Y.
24	JW altonul 360	3 14 THUN	DC 16 DATE JA	444	TRAN'S SIGNATURE /



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND AGMEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed I yed, If institution: Res dence before admission) a. COUNTY b. COUNTY rince George's Prince George's MARYLAND 6. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporata limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Fairmont Heights Fairmont Heights 36 vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 58th Avenue 716 YES NO DE 716 58th Avenue NAME OF Middla DATE DECEASED 62 (Typa or print) Palmer DEATH January 19 Sophronia Sanford 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IT UNDER 1 YEAR | IF UNDER 24 HRS. s 1, 2, and and 1 and 2 with 72 hours last birthday) Months 78 yrs. Colored WIDOWED DIVORCED November Female 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Pages W Housewife Own Home Virginia PM3. Pa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alcinda Fox Oscar Sanford 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT 2414 Pewrence Street NE (Yas, no, or unkown) | (Ifyesgivewarordatasofsarvica) John S. Palmer Washington . INTERVAL BETWEEN 18. CAUSE OF DEATH feater only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) Office burial-1 Cardiovascular renal disease gava risa to immediata causa **DUE TO** (a), stating the undarlying PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY PERFORMED? dical Exuld be a NO X 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | writing to Chief / Page 3 s fo buria the Charles of 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) Not While While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy 😿 🖟 Inspection 30 Inquiry and in my opinion 20 5 I DIRECTO Undetermined manner death resulted from Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED January DEPUTY MEDICAL EXAMINER should be FUNER NAME (Typa) James Address (Street, city, town, or county) 228. BURIAL CREMATION, 226. DATE THEREOR 1 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Burial West View Upverville, Virginia <u>v</u> 40 ₽ 23. FUNERAL DIRECTOR 24a, REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Fla. Ave. N.W. Cl. Lung & Thouse VS. A15ME Brooks &

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH ORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RE MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where datassed lived, If institution: Residence before admission) a. COUNTY Columbia Prince George's District of MARYLAND b. CITY OR TOWN (if outside corporete | mits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, with RURAL and give nearest fown) write RURAL and give nearest town; Cheverly Washington hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 574 49th Place YES NO X NAME OF M ddle DECERSED (Type or print) Daniel Payton DEATH January 1962 6 COLOR OR RACE T. MARRIED NEVER MARRIED X | B DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR last birthday) Months JE UNDER 24 HRS. 30,1940 Male WIDOWED [ DIVORCED March 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) District of Columbia U.S.A. Laborer General 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ruth Payton Daniel Robinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) (Ifyasgivewerordetesofservica) John Baily, 1358 Upper Marlboro, Md. 1B. CAUSE OF DEATH [Enter only one couse persine for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) buri Cond hors, if env. ō geve rise to immediate cause DUE TO (a), stating the underlying ld be used remarked PART I. OTHER S, GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.011 19. WAS AUTOPSY PERFORMED? NO 🖪 1 2Db. DESCRIBE HOW NJURY OCCURED. (Enter nature of injury in Pert I or Pert I of Item 18.) 2De. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH. Page 3 20f. (City or lown) (State) (County) factory, streat, office b dg., etc.) While Not While et work X et work Ma Dance Deanwood 21 I certify that I took charge of the remains described above, held an Autopsy 🛣 . nspection 🛣 . Inquiry 🛣. and in my opinion death resulted from. Natural causes Acc.dent Suicide Homicide 🛠 Undetermined manner REC CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MED CAL EXAMINER should be for FUNERAL January 21,1962 EXAMINER'S NAME (Type) Address (Street, city, town or county) 228, PURIAN, CREMATION, 226 400~ 240. REC'D BY REGISTRAR 6. Month of Kings



1		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET BALTIMORE 1 MARYLAND
FOR STATE	L	OTOGA MEDICAL EXAMINER'S CERTIFICATE OF DEATH
MEALTH DEPT.	ī.	PLACE OF DEATH  e. COUNTY  Prince George B Maryland  b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)
fur irrect in the first in the	3.	Cheverly  d. NAME OF HOSP.TAL OR INSTITUTION (If not in hospital, give street eddress)  Prince George s General Hospital  NAME OF FIRST  Prince George s General Hospital  April 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
death. If and 3 to the nay be related with the 5 with a ster de	5.	Ralph  Peterson  SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH    7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH    8. DATE OF BIRTH   9. AGE (in yeers   F UNDER 1 YEAR   IF UNDER 24 HRS.)   legt birthdey)   Months   Deys   Hours   Min
hours after ages 1, 2, at 3 7 8 9 5 5 nin 7, 2 hol	d	Male   Coloned   WHOOWED   DIVORCED     56 yrs.   105. KIND OF BUSINESS OR .NDUSTRY   11. B RTHPLACE (State or fore gn country)   12. C.TIZEN OF WHAT COUNTRY?   13. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME
d within 24 m 18. Give P Milh form PM, rmit. File page ny event wij	15	Unknown  Was deceased ever in L.S. Armed forces? 16. Social Security No. 17. Informant  Address No  Hospital Records, St. Elizabe 18 Hospital Records, St. Elizabe 18 Hospital Records St. Eli
cate should be execute anding" in pencil in the niner's Office along w nid as a burial-transit po or removal, and in a		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  Shack  DUE TO  Conditions, if eny, which geve rise to mmediete cause (e), stelling the underlying DUE TO of both legs.  (c), stelling the underlying DUE TO (c)
ER: This certifi the word "pe Medical Exan should be use ial, cremation	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0) 19. WAS AUTOPSY PERFORMED?  20a. EXTERNAL CAUSE WAS PRIMARY Their CONTRIBUTING DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.)  Pedestrian struck by an automobile
AL EXAMINI fificate, writing d to the Ch'ef TOR: Page 3 ft, prior to bur	MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  7 47 p.m. 1/2/ 19 60 et work et work Road Sufficient Park Road Sufficient Park Road Inquiry and in my opinion
ex a the cert of the feet of t		death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .  ACTUAL SIGNATURE
TO DEPUT	2	8. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, lown, or country) (State)  REMOVAL (Specify) 1-9-62  STELIZABETHS HOSP. LASH. D. C.  ADDRESS 24e. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
5M 9/60		W.F. EDWARDS, ST. Eliz. HOSP- longer 8 162 Crim 8. Hours



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) e. COUNTY files. Health, b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, Prince George & c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparete limits, write RURAL end give neerest town) write RURAL end give nearest town) ō Bladensburg
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) Baadensberg STREET ADDRESS a. 15 RES.DENCE 4909 Quincy Street YES NO 4909 Quincy Street 3. NAME OF Middle 1 4. DATE DECEASED (Type or print) DEATH Charles January 9. AGE (In years | F UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BURTH last birthdey) Months WIDOWED X DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work IDE. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Egg Candler MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unxown) [ (If yes give wer or deles of service) Bladensburg Quincy Street UNKNOWN Lucille Simpson 18. CAUSE OF DEATH |Enter only one cause per I ne for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 4ELONEPHRITIS and HYDRONEPHROSIS IMMEDIATE CAUSE (e) DUE TO UperTRUPHY OF PROSTATE Offi Conditions, if env. which gave rise to immediate cause DUE TO (a), stelling the underlying nsed PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19, WAS AUTOPSY PERFORMED? 8 NO F pluo 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year [ 20d. NJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) fectory, street, office bldg., etc.) While Not While al work et work 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection [7]. Inquiry X and in my opinion death resulted from: Natural causes X. Accident Surcide Homicide Undetermined manner forwarde L DIREC CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED Should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** should NAME (Type) Boyd James NAME OF CEMETERY OR CREMATORY Address (Street, c'ty, fown, or county) DEP 40 VS. AISME women S. Through

RYLAND STATE DEPARTMENT OF HEALTH

ON A FARM?

1962

(Stele)



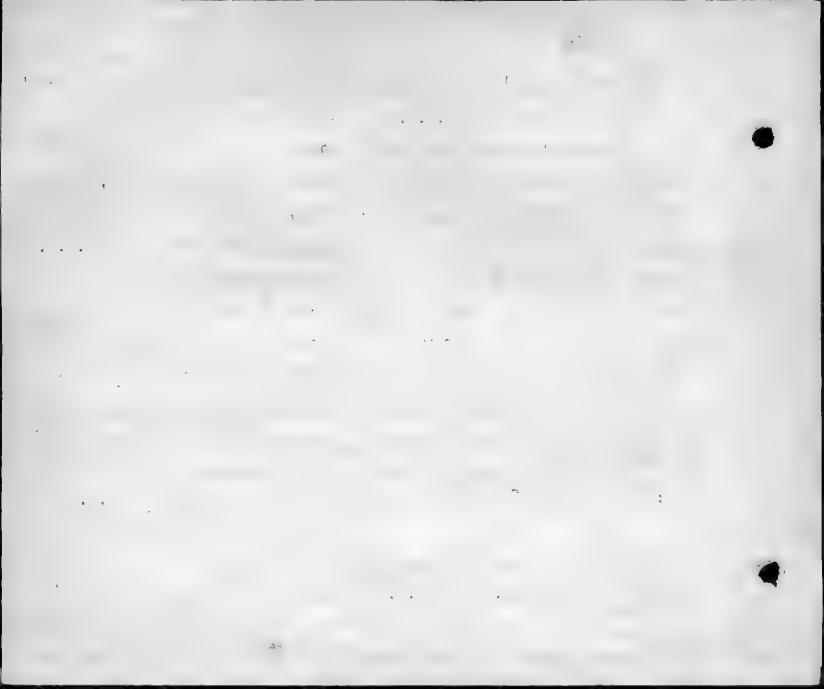
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COLNTY b. COUNTY Prince George's Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street eddress) Cheverly Brandywine d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Prince George's General Hospital Route #3 Box 3. NAME OF 4. DATE DECEASED OF (Type or print) Joseph Rodney

16. COLOR OR RACE 7, MARRIED NEVER MARR ED X January 1 IF UNDER 24 HRS. last birthdey) | Months | Male Colored | WIDOWED [ DIVORCED June 10b. KIND OF BUS NESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 10a USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ret red) 13. FATHER'S NAME District of Columbia School Joseph Matthew Pinkney Lo.

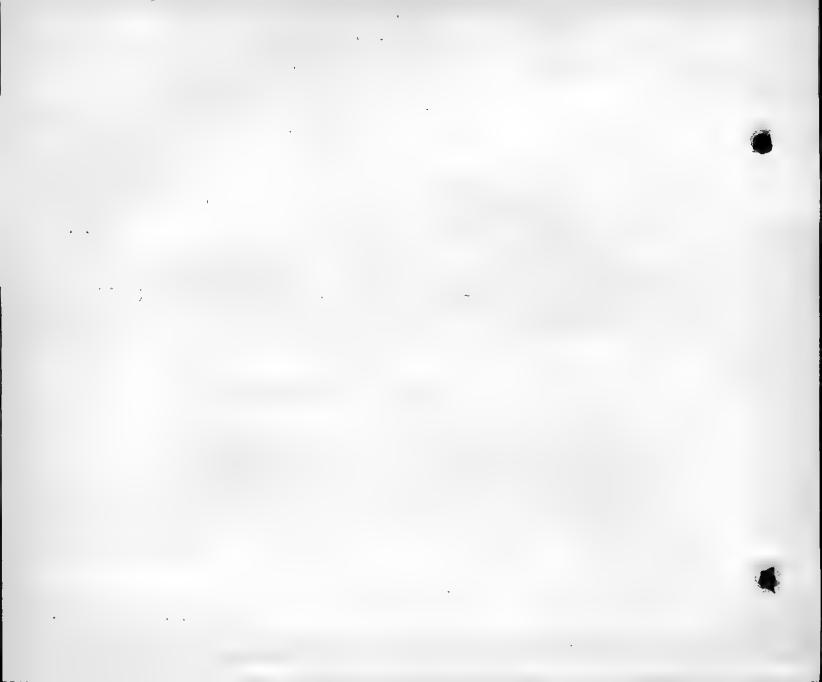
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Lonece Brown (Yes, no, or unknym) | (If yes give we rordetes of service) NO None None

18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] Joseph Matthew Pinkney same ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage and shock a burial-r DUE TO Conditions, if any, which Fracture of the base of the skall geve rise to immediate cause DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY MERFORMED? YES NO SE 20m. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of in any in Pert I or Pert II of Item 18.) PRIMARY THE OF CONTRIBUTING [] on collision PERSONE COURT DE PLACE INTERNATION VAR 2017 CINCIP WITE AC fectory, street, office bldg., etc.) Not While at work et work Route # Camp Springs 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X. and in my opinion Ö forwarded L DIRECT death resulted from: Natural causes Accident 😿 , Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be forward PUNERAL DID ACTUAL ASSISTANT MEDICAL EXAM NER DATE SIGNED DEPUTY MEDICAL EXAMINER TO January DEPU NAME (Type) Boyd, M.D. Add James Address (Street, city, town or county) 22d. LOCATION (City, town, or country) g 40 9 24a. REC'D BY REGISTRAR I A15ME Calina & House

DVI AND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



V TO FUNE:

15M 9/60

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## MARYLAND STATE DEPARTMENT OF HEALTH

	01071	CERTIFICATE	OF DEATH	iet, beetimen i, me	01062
1,	PLACE OF DEATH  a. COUNTY  Prince George's  b. CITY OR TOWN (il outside corporate Limits, write RURAL and give nearest town)  Cheverly  d. NAME OF HOSPITAL OR INSTITUTION (if not Prince George's General NAME OF	maryland c. LENGTH OF STAY IN 1b l day in hospital, give straet address  1 Hospital	2. USUAL RESIDENCE (W) 6. STATE Maryland	_ ~	esidenca before admission)
10 d	Male White Will a. USUAL OCCUPATION (Grya kind of work one during most of working life, even if ratirad) Farmer		DATE OF BIRTH  12-17-07  11. BIRTHPLACE (County & St.  Germany	9. AGE (in years   IF UNDER 1   bit birthdey)   Months   1   yrs.   12. CIVI	YEAR IF UNDER 24 HRS. Doys Hours Min. IZEN OF WHAT COUNTRY U.S.A.
15	Teonard Pirner  WAS DECEASED EVER IN U.S. ARMED FORCES? as, no, or unkown) (Ifyasgive war or dates of service No	1		Pirner  Address randywine, Md.	
CERTIFICATION	DUE TO Conditions, if any, which gave rise to immediate cause (a), staling the underlying cause last,  PART H. OTHER SIGNIFICANT CONDITIONS	Mayound & Com	T RELATED TO THE TERMINAL DIS	( Z	INTERVAL BETWEEN ONSET AND DEATH  1(a) 19. WAS AUTOPSY PERFORMED? YES NO 1
MEDICAL CERTIFI	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Yaar Hour B.m.	While Not While factors work at work	CE OF INJURY (Home, farm, 20)	f. (City or town) (Cou	
	saw the deceased alive on		death occured at 200,	from the causes and on t	
23	Be. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify)  BUTIAT  FUNEDAL DIRECTOR'S SIGNATURE  FULLY  FU	23c. NAME OF CEMETERY OF CEMETERY OF COMMETTERY OF COMMETT	metery Su	LOCATION (City, town or county)  1111and, Md.  REGISTRAR   25b. REGISTRAR'S    1 '62   Cl. (Surg.)	SIGNATURE



1	I	tem 20d Film 307 MARYLAND STATE DEPARTMENT OF HEALTH
		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		01072 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01063
HEALIN DEPT	1	PLACE OF DEATH  2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before admission)  e. COUNTY  e. STATE  b. COUNTY
8 8 A	-	Prince George's County Maryland Maryland Pr. Geo.
IVEZ S		b. CITY OR TOWN (if outs de corporete limits, write RURAL end give neerest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outs de corporete limits, write RURAL end give neerest town)
is no Share	-	Cheverly, DOA District Hts. Md.  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS  e. IS RESIDENCE
Boa	3	ON A FARM?
o fu fain State State leath.	3	Prince George's General Hosp, 7702 Kipling Pwky.  NAME OF DECEASED  PES NO X  YES NO X  YES NO X  YES NO X
otho the the		(Type or print) AUII. RAYMOND PORTER DEATH Jan 13th 19 62
S S S S	5	8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR IF UNDER 24 HRS.
an C	١.	Male White WIDOWED DIVORCED July 4-1925 36 VP
1, 2 aft	7[:	Oa. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stete or foreign country)  12. CITIZEN OF WHAT COUNTRY?
hour 19es 1. Pa 1es 1	1	U.S. Marshal Law Enforcement W.Virginia U.S. U.S.
PW PW		19) HOLLIAN O BULLDAY PARIA
Vent Signature	1	Paul Samuel Porter   Rose Schmidt  5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  Address
d w d w d w d w d w d w d w d w d w d w	T	Yes   World War 2 298-18-7353 Geraldine Constance Porter Same as 2
Curson In William		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]
exe cil ir slon ensi	Н	PART I. DEATH WAS CAUSED BY HE MORRHAGE AND SHOCK
d bendered b	Т	DUETO 4
in our out		Conditions, if any, which ) (b) LACERATION OF ADRTA and SPINAL CORD
ding as a series		geve rise to immediate cause (a), stating the underlying  DUE TO
ifica penc amin sed in o	,	Cause lest. (c)
rd r	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?
This wo	<u> </u>	YES NO P  20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert   or Pert    of Item 18.)
Sho sho		Dold Course when and a sub- 41 4 and a
Afiniting Spe 3	MEDICAL	Sole Occupant of auto that ran off road  20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, Jarm, 20f. (City of lown) (County) (Siete)
XA.	MFD	11. 40 PM 1/12/62 while work of et work on Hgwy Meadows, Pr. Geo. Co. Md.
to to to to price		21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry . and in my opinion
CCA ded ded ECT sent,		death resulted from: Natural causes Accident Suicide Homicide Undetermined manner
the characters was		CHIEF MEDICAL EXAMINER
To for mate		SIGNATURE COMPANY OF SIGNATURE DATE SIGNED
ER C	,,,	PERAMINER'S DY James T. BOYD D M F Address (Street, city, town, or county) 1/13/62
TON PER SE	2	BURIAL, CREMATION, 22b. DATE THEREOF   22c, NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, town, or country)
0 2 4 0 9		BUDIAN 1/16/1962 ARLINGTON NATE COM ARLINGTON VIRGINIA
VS. A15ME	12	3. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 9/60	4	W.W. CHAMBERS Co - SUBSET DC DATE JAN 17 '62 Outing & Know



ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Rasidanca before adm ssion) a. COUNTY a, STATE b. COUNTY b. CITY OR TOWN of outside corporate I mits, MARYLAND Maryland Prince George's c. LENGTH OF STAY IN 16 write RURAL and give nearest town) hours Cheverly Suitland d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street addrass) d STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO T General Hospital ince George's 4415 Arnold Road 3. NAME OF 4. DATE Month DECEASED OF (Typa or print) DEATH 19 62 IF UNDER 24 HRS. 9. AGE (. P. years IFUNDER 1 YEAR Heidemarie Potocko DATE OF BURTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX last birthday) Months Days Hours January WIDOWED DIVORCED Female physician 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & Stat., or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) Prince George's, Maryland 13. FATHER'S NAME attending pl Richard John Potocko

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

16 SOCIAL SECURITY NO 17. INFORMANT (Yas, no, or unkown) , (Ifyesgivawarordatesofservice) fan. The Mother Arnold Road Suitland, Maryland 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gava rise to immediate cause DUE TO (a), staling the undarlying causa last. PART H. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 1(8) 1 19. WAS AUTOPSY PERFORMED? NO r use prior 208 ACC DENT WAS UNDERLYING A 20b. DESCRIBE HOW NJURY OCCURED, (Enter natura of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Yaar | 20d. iNJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata) factory, streat, office bldg., atc. Whila \_Not While Hour a.m. at work at work D.m. 21. I certify that (I) (this hospital) ..1962 ., and that death occured at 6:10, from the causes and on the date stated above. saw the deceased alive 22a. SIGNATUR ATTENDING STAFF PHYS. DIRECTOR PHYS. 22c. PHYRICA 22d. ADDRESS J. FUNY ector, McDona 234 LOCATION (City, town or county) 23a, BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY (Stata) 0.48 ADDRESS REC'D BY REGISTRAR ( 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATE JAN 2 5 162

AND STATE DEPARTMENT OF HEALTH





MARCE

		01075	CERTIFI	CAIL	OF DEATH				T., ()	1 1
	1 PLACE OF DEATH o. COUNTY	V4.010			USUAL RESIDENCE (Who	ere deceased	l lived. If institution b. COUNTY	n Residence	befare admi	issian)
1	PRINCE G		MARYLAND		0. 000(3.1				CE GEORGES	
	b. CITY OR TOWN ( RURAL ond give n	If outside corporate limits, we earest town)	vrite   c. LENGTH OF STAY IN	1 1Ь	c. CITY OR TOWN (If a	utside corpor	rate timils, write RI	is, write RURAL and give nearest town)		
		AIR FORCE BAS			CAMP SPRINGS  d. STREET ADDRESS e. IS RESIDENCE					
	OR INSTITUTION	TAL (If not in hospital, give s	street oddress)		d. STREET ADDRESS				ON	A FARM?
	USAF HOS			1		CHEST				□ NO 👿
	3. NAME OF DECEASED (Type or print)	RALPH	Middle FULTO	er	Lost	4. DATE OF DEATH	Mon		Day	Year
	5. SEX		MARRIED ☐ NEVER MARRIED	7	REYNOLDS ATE OF BIRTH		9. AGE (in years		15 YEAR IF UN	19 61 DER 24 HRS
	MALE		DOWED TO DIVORCED	MCSM		1949	last birthday) 12 yrs.	Months D	oys Hour	s Min.
	10a USUAL OCCUPATION	ON (G.ve kind of work done	10b KIND OF BUSINESS OR			27.7		12.CITIZE	N OF WHAT	COUNTRY?
	NONE	king life, even if retired)	NONE		ALABAMA			IINT	TED ST	PATES
	13. FATHER'S NAME			14	MOTHER'S MAIDEN N	IAME		- Unit		
	JOHN M R	EYNOLDS			SARAH FULT	ron				
	15. WAS DECEASED EVI	ER IN U. S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17 INFOR	MANT		Addi	ess		
	NO		NONE	IHOL	M REYNOLDS	S (FAT	HER) S.	AME AS	ITEM	#2
			per line for (o), (b), and (c).]		7.	AS	. (	)	INTERVAL ONSET AN	BETWEEN ID DEATH
	/ 1/1	PART I. DEATH WAS CAUSED BY: Ungiosarma Keft Capsula								
	LA TOUR TO LA FOR ZO OF IL TO TO								M.	
	Canditions if a	mmediate	WOCK /	w	ryre /		asces	la_	w .	ion
	couse (a), stating lying cause lost.				//					
		. ///	IONS CONTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TERMI	NAL DISEASE	E CONDITION GIV	EN IN PART	1(o) 19. WA	S ALTOPSY
	RATIO								YES T	FORMED?
-	PART II OT  OR CONTRIBUTING  OR CONTRIBUTING  U (IF EITHER, NOTIF)	AS UNDERLYING 206	DESCRIBE HOW INJURY OCC	URRED. (E	nter nature of injury in I	Part I or Part	I II of item 18.)			
		MEDICAL EXAMINER)								
	20c. TIME OF INJU	·	20d. INJURY OCCURRED 2 While Not while	Oe. PLACE (	OF INJURY (Hame, farm street, office bldg., etc.	20f (City	or town)	(Co	iunty)	(State)
	p. m.		at work at work							
			ttended the deceased f							
		sed arive on 15 J	ANUARY19 62, and a	hat deat	occurred ot645	M, from	the couses an	d on the		
	220 SIGNATURE	10 /1 X/100		1	ATTENDING ME	D	STAFF		_	22b DATE SIGNED
	22c PHYSICIAN'S	of year	nerse	17 M.D	PHYS. DII	RECTOR []	PHYS 🗌	1	JAN	UARY 6
	NAME (Type)	JOHN A HENNES	SSEN JR. LCOA	USAF J	IC USAF HO	CD AN	DREWS AL	B FORC	T DAG	E 100
	23a BURAL, CREMATIC		23c NAME OF CEMET				ON (City, lown, o			iate)
	REMOVAL (Specify	1-18-6	2 arlin	in the	-) rath	7	I muse	***************************************	L:	~_
	24. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	Suca	250. REC!	BY REGIST	PAR 256 (REGI	STRAR'S SIGN		
	W.W.Ch	antera Co.	517-11-ST.	SE,	DATE	Wite 1 a	OL C	rthur I.	ream.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be rehained by the haspital an attending physician.

TO FUNERAM ECTOR: After this certificate has been signed by the attending physician and campletely fulled in the funeral director, page 3 shall be detached for use as the burial-transit permit. Then please remove carbon pages: Pages 1 and should be filled with the State Board of Health prior to burial, cremation, or removal, and in ony event, with \$5.2 hours after death. VR A15 (4) 1SM 9/S9

14



DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) e. COUNTY nince hes nue MARYLAND b. CITY OR TOWN (Fourside corporate limits, write RURAL and give necrost fown) c. LENGTH OF STAY N 16 c CITY OR TOWN (If outside corporete limits, write RURAL and giv heventy AYNEL d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? eb 14 e MAINE YES NO Month Dev DECEASED 1962 (Type or print) DEATH JAW DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED THEYER MARRIED lest birthdey) WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? IDe. USUAL OCCUPATION (Give kind of work 1Db KIND OF BUSINESS OR INDUSTRY physici 13. FATHER'S NAM please aftending 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) ( (If yes give we ror detes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per I no tor (a), (b), and (c) ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 15 MIN IMMEDIATE CAUSE (a) DUE TO heumatic Heart Disense gave rise to immediate cause DUE TO (e), sleting the underlying ceuse lest. PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? NO -200 ACC DENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part I or Part II of stem 18.) OR CONTRIBUTING [] CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINER 2Dc. TIME OF INJURY Month, Day, Yeer 2Dd, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, farm. 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Not While While et work | et work 21. I certify that (I) (this hospital) attended the deceased from..... . M. , and that death occured at Z. a.M., from the causes and on the date stated above. saw the deceased alive on... 22e SIGNATURE ATTENDING DIRECTOR M D PHYS. 22d. ADDRESS BURIAL, CREMATION, 1 23b. 23d. LQCATION (City, town or county) 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60



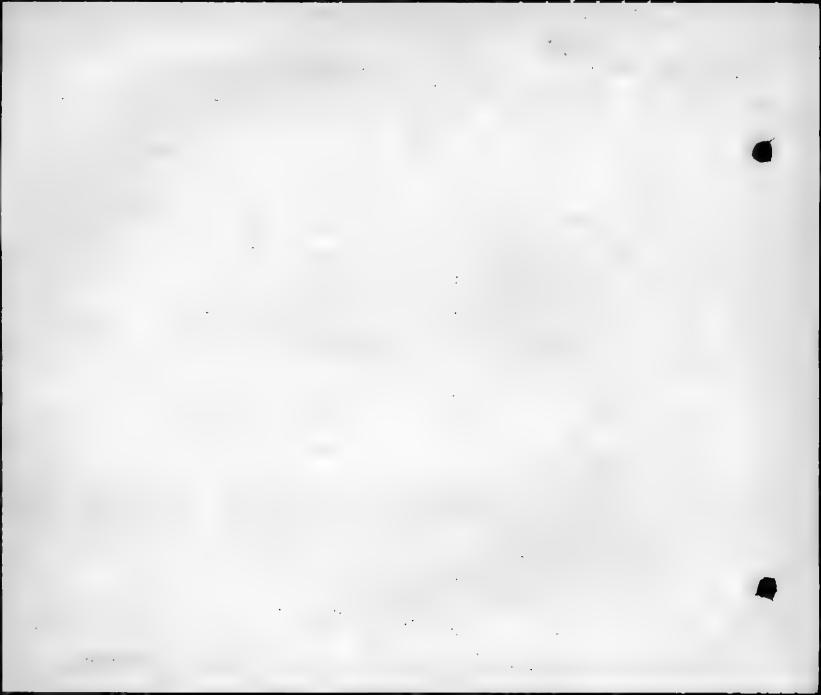
funeral USUAL RESIDENCE (Where decassed lived, If institution; Residence before admission) PLACE OF DEATH a. COUNTY-다. 다. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) R 1 1 1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 3. NAME OF pape n 72 Middle сопрре DECEASED DEATH (Typa or print) and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED certifical be WIDOWED DIVORCED [ remove 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & State, or fore gn country) dona during most of working life, even if retired) 13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME ₻ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) ((Ifyesgivawar or datas of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ۾ PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gava rise to immediata causa DUF TO (a), stating the undarlying PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL TON SE CERTIFICA 208. ACC DENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month Day, Year 20d, INJURY OCCURRED | factory, streat, offica bldg., alc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on 228 SIGNATURE ATTENDING DIRECTOR PHYS. M.D. 22d. ADDRES 22c. PHYSIC AN S NAME (Typa) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Spacify) Qi Entombment Lincoln Mausoleum VR A15 (4) FUNERAL DIRECTOR'S SIGNATURE ADDRESS

DIVISION OF STATISTICAL RESEARCH AND STREET, BALTIMORE 1, MARYLAND

> YES NO X 19 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Days 112. CITIZEN OF WHAT COUNTRY? Addrass INTERVAL BETWEEN ONSET AND DEATH BISPASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20f. (City or town) (County) (Stata) to..... 22Ь. DATE SIGNED PHYS. 23d, LOCATION (City, town or county) (State) Colmar Manor. Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE JAN 1 5 '62 arthur & Heart

b. COUNTY

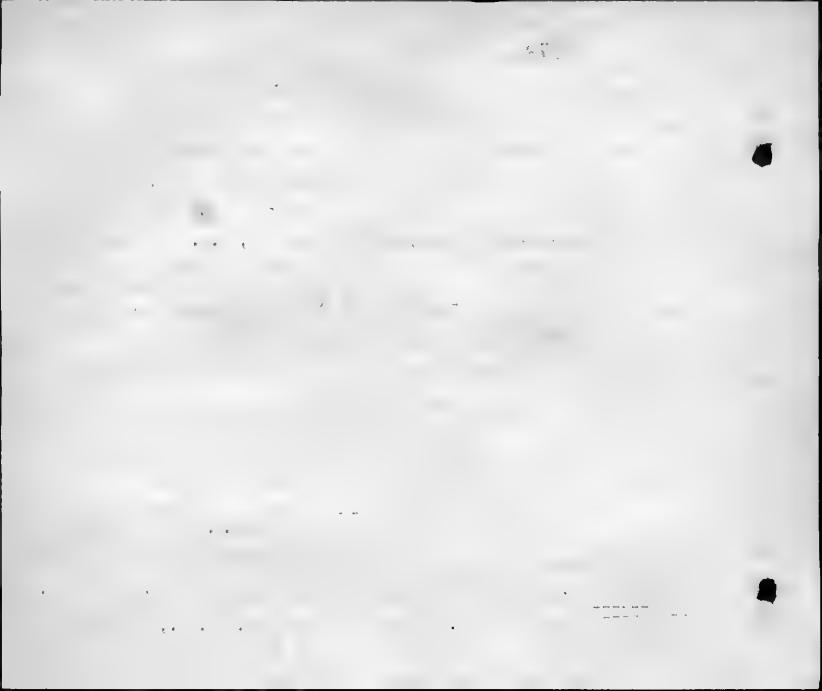
a. IS RESIDENCE ON A FARM?



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH NFALTH OFPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before edmission) e. COUNTY b. courmince George's Page \* STA Warvalnd Prince George' MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give nearest town) Capital Heights Riverdale d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE 224 Kingston Avenue Leland Memorial ON A FARM? YES NO 3. NAME OF Middle 4. DATE Month DECEASED 20 January William Scala the Benneville (Type or print) may be 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | If UNDER 1 YEAR IF UNDER 24 HRS. birthday) Months Hours Nov. Male DIVORCED | WIDOWED [ 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired! U.S.A. District of Columbia Retired Clerk pages 1 within PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Olivia Arth Maria Scala Francis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17\_ INFORMANT Mrs. Julia Moss Scalados same (Yes, no or unkown) (Ifyesgivewerordetesofservice) none 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN Office along burial-transit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY. pue Cerebrovascular accident IMMEDIATE CAUSE (e) Office oval DUE TO Cardiovascular renal disease Conditions, if eny, which [b] gave rise to immediate cause vs 10 **DUE TO** 500 (a), stating the underlying Examiner 6 cause last. used PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 8 NO plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | writing I e Chief I Page 3 s 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. [City or fown] (County) (Stele) the Page factory, street, office bldg., etc.) Not While While Hour e.m. at work et work prior 0 F 21. I certify that I took charge of the remains described above, held an Autopsy | | Inspection Industry and in my opinion Forwarded I Ü death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER the designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED Should LE for FUNERAL I SIGNATURE **EXAMINER'S** should James I. Boyd NAME (Type) Address (Street, city, lown, or county) OH O 9926 DATE THEREOF 22a. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, opcounty) (Siete) REMOVAL (Specify) 240 g 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME JAN 2 2 '62 arthur & Krause 5M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edimission) b. COUNTY Prince e. COUNTY a. STATE Prince George MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outs de corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 18 write RURAL and give neerest town! days 9hr. Landover Cheverlv d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO 901/ Ardmore Road Prince George General 3. NAME OF M ddie 4. DATE Month Yeer DECEASED OF сошры (Type or print) John DEATH Scheuring Jan. carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers LIF JNDER TYEAR IF UNDER 24 HRS. 8. DATE OF BIRTH and la st "thdey) Months Mala White WIDOWED TX physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 106, KIND OF BUSINESS OR INDUSTRY country) done during most of working life, even if retired) Washington, D.C. TISA Retired-DC Metropolitan Policeman 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME Elizabeth Scheuring Knarvy Franz 16. SOCIAL SECURITY NO 17 INFORMANT Daughter 9014 Ardmore Road 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | (Yes, no. or unknwn) (lifvesquewerordatesofservice) 9-01-2511 Joan Schouring Landover. Maryland 18. CAUSE OF DEATH [Enter only one cause per I ne for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(\*) 19. WAS AUTOPSY PERFORMED? NO K 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW NURY OCCURED, (Enter natura of injury in Part I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 1-4-52 .... 19 ...... that (I) (we) last And the causes and on the date stated above. saw the deceased alive on .......19 ....... and that death occured at DATE 22a. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. William B 3303 Perry Street. Mt. Rainier. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BUR.AL, CREMATION 23b. DATE THEREOF (Stata) TOTAL HOUSE HELD Ft. Lincoln Cemetery Pr.Geo.Co. Maryland 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)



	01080	STATISTICAL RESEARCH AS CERTIFICA	ND RECORDS — BALTIM		01071					
	o. COUNTY Prince George's	MARYLAND	2 USUAL RESIDENCE (When	re deceased lived. If institution b COUNTY	Residence before admission) Prince George's					
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) College Lark, Md	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  7/ College Park, Md.							
	d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION 4615 Clemson "oad"	address)	d. STREET ADDRESS  4615 Clemson Coad  e is result on A yes							
1	3. NAME OF First DECEASED (Type or print) EDITH	Middle S. SELLMA		4. DATE Month OF DEATH Jan.	Doy Yeor 19 19 62					
,	female 6. COLOR OR RACE 7 MARR White WIDOWE	WIED CO LIGHT WATER CO	S DATE OF BIRTH July 26, 187		F UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.					
	10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole of	12 CITIZEN OF WHAT COUNTRY?						
	ilousewife C	JWH HOME	14 MOTHER'S MAIDEN NAME							
	Basil Smith	<u> </u>	Frances Chilcote							
	15. WAS DECEASED EVER IN U. S ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dote of service)		ouise dughes Vollege Park, Md.							
	18. CAUSE OF DEATH   Enter only one cause per lin				INTERVAL BETWEEN					

4615	Clemson "o	ad			1 461	15 C.	l ems	son 4	oad					FARM?
3. NAME OF DECEASED (Type or print)	First EDITH	S.	Middle SEI	LLMA	N	Last		DATE OF DEATH	Jan	Mon	h 19	Do	,	Yeor 19 62
5. SEX female	- White	7 MARRIED  WIDOWED	NEVER MARRIED		July	8IRTH 26,	1876	6	9. AGE lost b 85	(In years pirthdoy) yrs.	Months 1	R 1 YEAR Doys	Hours	R 24 HRS Min.
during most of wor	ON (Give kind of work donking life, even if retired) OUSEWIFE		F BUSINESS OR	INDUS	FRY 11. BII	THPLACE (		_	country)			IZEN OF		OUNTRY?
13. FATHER'S NAME	Basil Sm	ith				HER'S MAIC Tranc			cote					
15. WAS DECEASED EVI (Yes, no, or unknown)	ER IN U. S ARMED FORC (If yes, give wor or dote: of ser N.O	vice)			uise	dugh	es	٠,	olle	se Pa		Md.		
	ATH [Enter only one cou ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		o), (b), and (c)	on	181	Tui	4	ea	7	Fa.	Que.		ERVAL BE SET AND	
Conditions, if a gave rise to couse (a), stating lying couse lost.	immediate DUE TO	Art	teu :	سهر	eler	atri		fer	ey	R	, sea	==	10	yet
CATIC	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES NO 1200. ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)													
OR CONTRIBUTING	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)													
20c. TIME OF INJU Hour a. m p. m.	RY Month, Day, Year	While _ N	OCCURRED Cot while work	20e. PLA foci	CE OF INJ lory, street,	URY (Home, affice bldg	, farm, p., etc.)	20f. (Cit)	y or tawn	)		(County)		(Stote)
	M.D. ATTENDING DIRECTOR STAFF SIGNED  22c. PHYSICIAN'S  22d. ADDRESS V													
23g BURIAL CREMATIC REMOVAL (Specify	Jan 22,		VAME OF CEME		_		2	Bel:	`	ty, town, o			(Stat	(e)
24. FUNERAL DIRECTOR	rs signature		DDRESS					BY REGIS	TRAR .	2Sb. REGIS				

VR A1S (4) 1SM 9/S9

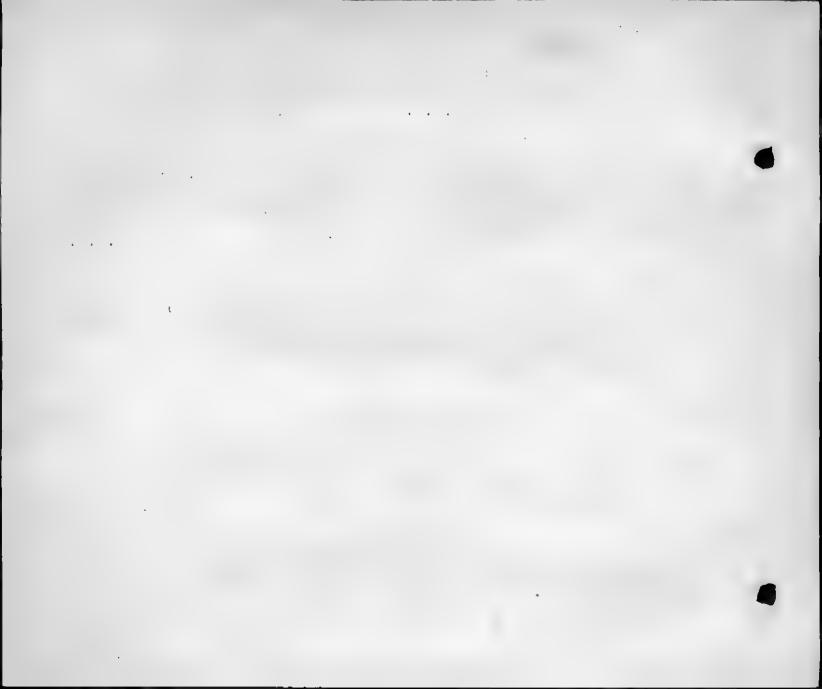


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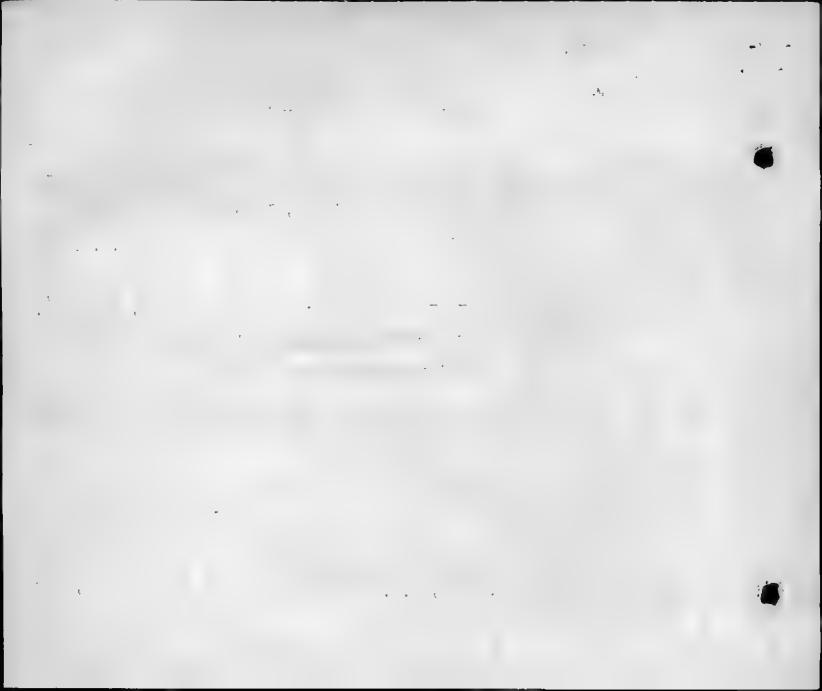


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OMEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution. Residence before edmission) COUNTY . STATMaryland **b.** COUNTY Prince George's MARYLAND rince George b. CITY OR TOWN (if outs'de corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete l'm.ts, write RURAL end give neerest town) write RURAL and give neerest town) D.O.A. Cheverly Ceder Heights d NAME OF HOSPITAL OR INSTITUTION ( f not in hospitel, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Prince George's General Hospital 6415 Sheriff Road YES NO A 3. NAME OF DATE Month DECEASED Adrian (Type or print) Shorter DEATH January 62 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX 9. AGE (In yours (IF UNDER ) YEAR | IF UNDER 24 HRS. last birthday) Male Colored WIDOWED October 3. DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY, IT. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even If retired) None None Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Henry Shorter Helen Glichrist File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive werardetes of service) Nο None William Henry Shorter, same as 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN r's Office along s a burial-fransit removal, and ir PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Pneumonia IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (6) gave rise to immediate cause **DUE TO** 35 (e), stetling the underlying 5 used cause lest. PART I. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19, WAS AUTOPSY 99 PERFORMED? NO T 0 shou 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. age 3 s 30 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) White Not While at work | et work 0 5 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🛣 Inquiry X and in my opinion forwarded to DIRECTO agent, death resulted from: Natural causes 🛣 Accident . Suicide | 1. Homicide | Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAM NER sh J be for FUNERAL ) DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) James I. Address (Street, city, town, or county) 226, GURIAY, CREMATION, 225, DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Spec.fy) 62. Nat Harmony mel 40 240. REC'D BYCKEGISTRAR I VS. AISME arthur S. Kraus 5M 9/60



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institutions Residence before edmission) a. COUNTY **b.** COUNTY Prince Georges County MARYLAND Marvland rince Georges b. CfTY OR TOWN (if outside corporate I mils. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Brandywine Brandywine Life d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Route 1 Rural Rural Route 1 YES NO TO 3. NAME OF Middla DATE DECEASED 02 (Type or print) GIIY FRANCIS DEATH SIMMS January 6. COLOR OR RACE T, MARRIED K NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. fast hirthday) Male WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired! Farmer Maryland Farming pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Oscar SIMMS Amanda FORD 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Javier Road, (Yes, no. or unkown) ! (Ifyesg vawarordalasofservica) Perry F. Simme. Fairfax, Virginia. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c), ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) Office al DUE TO Cardiovascular renal disease gave rise to immediate causa 40 **DUE TO** (a), stating the undarlying Examiner cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTORSY CERTIFICATION PERFORMED? NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of frem 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED ! 20e, PLACE OF INJURY (Home, farm, 20f. [City or town] (County) (State) factory, street, office bldg., atc.) Not While Whife al work at work 033 Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion forwarded i death resulted from: Natural causes way Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED Should be fo SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** January BOYD, NAME (Type) Addrass (Street, city, town, or county) 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY REMOVAL (Spec'ly) 40 8 23. FLINERAL DIRECTOR VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH



YLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funefal should 1. PLACE OF DEATH USUAL RESIDENCE (Where decrassed lived, if institution; Rasidence before admission) a. COUNTY b. COUNTY by the and 2 death. b. CITY OR TOWN (If outside dorporate limits, MARYLAND by th c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) bashington 28, Suitland a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? Suitland Nursing Home, Inc. YES NO Hansler completely papers. DECEASED (Typa or print) DEATH 14 15 5 SEX IF UNDER 24 HRS. B. DATE OF BIRTH MARRIED NEVER MARRIED and last birthday) Months Haunt WIDOWED T 10a. USUA: OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Baltimore City. Own . Home 늅 16. SOCIAL SECURITY NO. | 17. INFORMAN Address (Yas, no, or unkown) (If yes give war or deteco(service) Mrs. Ceo. Belsinger-7411 Hanslord St. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Washington 28, D.C. INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: mis IMMEDIATE CAUSE (a) **OUE TO** gave risa to immadiate cause **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Z 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) 20a, ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) While Not While MEDI Hour a.m. at work 21. I certify that (I) (this hospital), attended the deceased from 22a. SI ENATURE 22b. 10ATE ATTENDING SIGNED STAFF DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS director, be filed 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State REMOVAL (Spacify) Ö Woodlawn Md. Lorraine Park Cemty. Buria 25b. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 arthur & Krans



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY Page a. STATE **b.** COUNTY rector. Pag-Prince Georges County Mary Land
b. CITY OR TOWN (if outside corporate limits, | c. LENGTH OF STAY IN 16 Prince George's E. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) Riverdale Laurel -0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 223 9th Street Leland Memorial Hospital YES NO F NAME OF Month DECEASED OF (Type or print) Everett DEATH Randoloh 1962. Smith January W. H 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH AGE (In yours | IF UNDER 1 YEAR JE UNDER 24 HRS. lest birthday) Months WIDOWED | DIVORCED [ N Male May 10a, USJAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Machinist B&O Railroad Maryland UUS.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Cleveland Edith Bradford 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Snowden Place (Yes, no. or unkown) | (If yes give we ror detes of service) No Ruby Virginia Smith, Laurel Md. 18. CAUSE OF DEATH [Frier only one cause per line for (e), (b), and (c), Medical Examiner's Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY-Acute carbon monoxide poisoning in pencil IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which Smake from fire (b) geva rise to immediate cause (0) **DUE TO** 52 (e), stelling the underlying ᆼ cause lest. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(#) 179. WAS AUTOPSY 8 PERFORMED? NO T bluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part I or Part II of item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. forwarded to the Chief Me L DIRECTOR: Page 3 sho ated agent, prior to burial, house that cancht on OCUMENT OF PLACE OF INJURY (Home, farm, (State) factory, street, office bldg., atc.) Not While 19 62 While Not While Laurel . G. Md. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 🛣 Inquiry 🛣 and in my opinion death resulted from-Natural causes Accident 3 Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED 150 DEPUTY MEDICAL EXAMINER EXAMINER'S 28. December JAMES BOYD, M. D. NAME (Type) Address (Street, city, town, or county) 226. DATE THEREOF 22. BURIAL CREMATION ! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stefe) MAOYAL (Specify) ò 70 REGISTRAR | 246, REGISTRAR'S SIGNATURE Christin S. Throngs

ARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
CERTIFICATE OF DEATH  The state of the state	01077
1. PLACE OF DEATH 2. USDAL RESIDENCE [Whare decased lived, if institution.	, Residenca balora adm ss.on)
a. STATE Month and b. COUNTY	G-
b. CITY OR TOWN (If outside corporate I mits, write RURAL and Sight necessit specific necessit specifi	ind give nearast town)
College Park Maryland	
d. NAME OF HOSPITAL OK INSTITUTION (if not in hospital, give street eddress)	IS RESIDENCE     ON A FARM?
Prince George's Hospital 7323 Radcliff Drive	YES NO
3. NAME OF Pirst Middle Last 4. DATE Month OF DECEASED	Day Year
(Type or print) Smith Melvin  5. SEX  16. CO. OR OR RACE IS WARNING TO WARNING TO BE DATE OF BIRTH 1900 9 GE (In years if UNDER	19 62
B De 3 1001/ last birthday/ Months	Days Hours Min.
a Color of the Col	ITIZEN OF WHAT COUNTRY
done during most of working life, even if ratified) Gen. Service Adm.	
Freight Traffic Off., U.S. Gov't. Harrestown, Md.	U.S.A.
15. WAS DECEASED EVER N L.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT Address	<del></del>
(Yes, no, or unkown) (Iffyesgivewarordalesofservica) 719-03-4013 Beatrice Beall Smith (abo	ve address)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	ONSET AND DEATH
\$ \$ \$ \frac{1}{2}	1
Conditions, if any, which is (b) which is the conditions, if any, which is the conditions of the condi	do
gave risa to immadiate cause  [a), stating the underlying DUE TO	
causa last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?
	YES NO
20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURED. (Enfer nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTING ☐ CAUSE OF DEATH  OR CONTRIBUTING ☐ CAUSE OF DEATH	
	ounty] (Stata)
Hour a.m. While Not While factory, streat, office bldg., alc.)	(5.5.5)
p.m. 19 at work set work 21. I certify that (I) (this hospital) attended the deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	0 62 11-1 (1) () (
saw the deceased alive on 19.5 and that death occurred at 17.7 M, from the causes and on	
M > M = 17 22a. SIGNATURE	22b. DATE
Usecol 13 Lice 14 M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNE
22d. ADDRESS	
X4100 13, 190 yers 1,3103 re (14 ) 1. 181 + 160	unier Md
23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME, OF CEMETERY OR CREMATORY 23d LOCATION (City, fown or cou	
00000 Purcal 1/10/62 Journal Ma	
VR A15 (4) 124 FUNERAL DIRECTOR'S SIGNATURE ADDRESS A ROUMER 256. REC'D BY REGISTRAR 256. REGISTRAR'S DATE JAN 1 5'62 CARTANY	2. Traces
DATE ONLY	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY b. COUNTY ... the 1 PRINCE GEORGES DISTRICT OF COLUMBIA MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) WASHINGTON 5 ANDREWS AIR FORCE BASE 28 MINUTES Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 607 SOUTHERN AVENUE USAF HOSPITAL YES NO T 3. NAME OF 4. DATE Middle Year DECEASED OF (Type or print) ANTHONY KURT SOLLARS DEATH **JANUARY** 19 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K 5. SEX B. DATE OF BIRTH AGE (In Years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months MALE CAUCASTAN WIDOWED [ DIVORCED [ JUNE 1961 20 6 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE [County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) NONE NONE any MARYLAND UNITED STATES 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pleas KENNETH SYLVESTER SOLLARS JOANN PENDLETON 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give war or dates of service) NONE KENNETH S SOLLARS (FATHER) SAME AS ITEM #2 18. CAUSE OF DEATH [Enter only one cause per I ne for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PNEUMONITIS, BILATERAL, ACUTE 8 HRS IMMEDIATE CAUSE (a) DUE TO TRACHEOBRONCHITIS, ACUTE 24 HRS gave rise to immediate cause DUE TO (e), slating the underlying OTITIS MEDIA, BILATERAL, ACUTE 48 HRS the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY S 0 PERFORMED? NO CERTIFIE 200. ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I cortify that X (this hospital) attended the deceased from 4 JANUARY, 19.62 to 4 JANUARY, 19.62 that (X (we) last saw the deceased alive on 4 JANUARY 19 62, and that death occurred a408BM, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. JAN 62 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type HESTLEY D STEPP, Capt USAF MC USAF HOSP, ANDREWS AFB, MD DATE THEREOF 23e. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 1State) REMOVAL (Specify 25a. REC'D BY REGISTER 256. REGISTRAR'S SIGNATURE **VR A15 (4)** 15M 9/60

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physician

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DIRECTOR:

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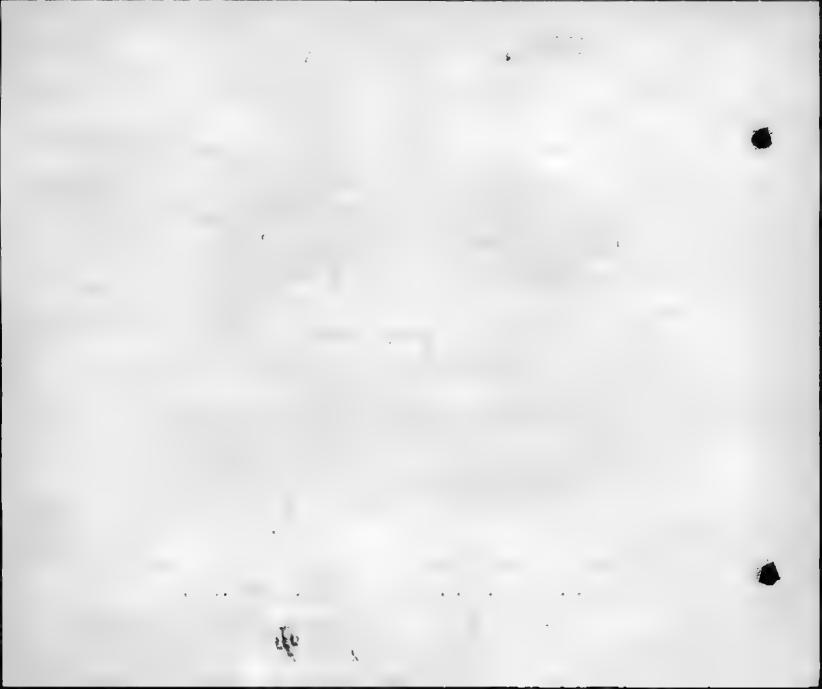
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PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If Institution: Residence before admission) a. COUNTY **b. COUNTY** Prince Georges F 2 <u>Prince</u> Georges MARYLAND b. CITY OR TOWN (if outs'de corporate limits. & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Hvattxville Cheverly davs d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) ON A FARM? YES NO 40th Prince Georges General Hospital 3. NAME OF 4. DATE Month Year DECEASED OF DEATH 19 62 (Type or print) George 5

6. COLOR OR RACE 7, MARRIED 1 NEVER MARRIED 1 Sollers Jan 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months WIDOWED [ DIVORCED White 10a USJAL OCCUPATION (Give kind of work physician 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHP & State, or fore on country! done during most of working life, eyen if retired) 13. FATHER'S NAME please .⊑ attending 15. WAS DECEASED OVER IN U.S. ARMED FORCES? 16. SOC AL SECURITY NO 17 INFORMANT (Yes, no, or unkown) (flyesg'vewarordatesofservice) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchopneumonia IMMEDIATE CAUSE (a) Heart Digseases & An DUE TO (5) gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS PERFORMED? 8 0 YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Month, Day, Year factory, street, office bldg., etc.) Not While Hour a.m. at work at work 22b. DATE 22a. SIGNATURE SIGNED ATTENDING MED DIRECTOR PHYS. 22d ADDRESS 22c. PHYS CIAN'S Hageage., Mt. Rainier., Md. filed y 238. BURIAL, CREMATION, 236 DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) O.F.B 25a. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE JAN 2 5 162 15M 9/60

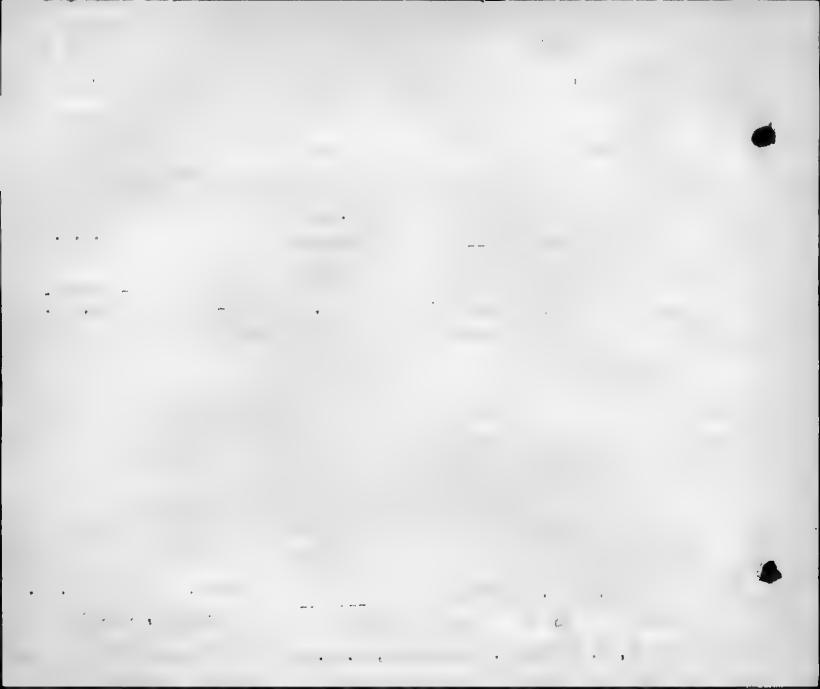
AND STATE DEPARTMENT OF HEALTH



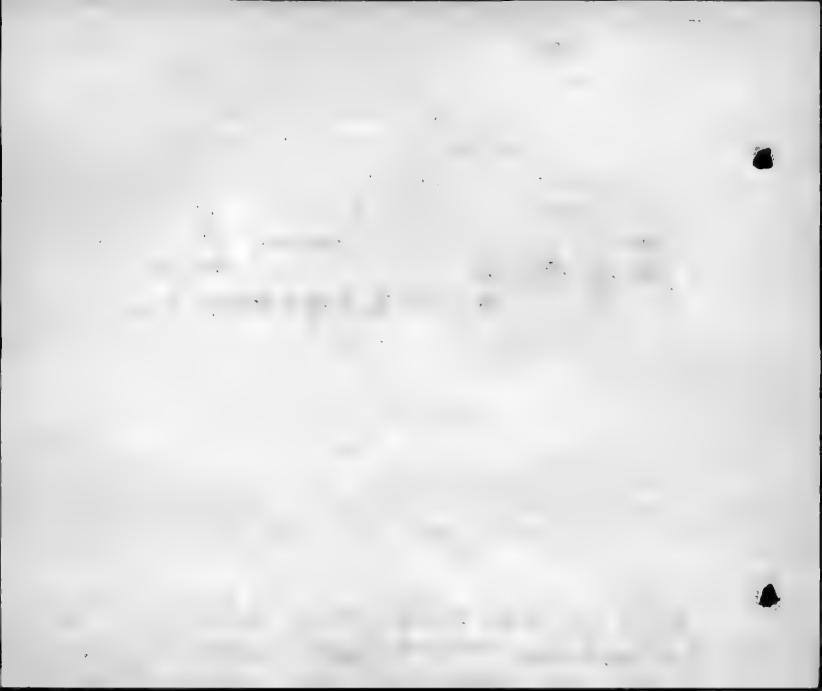


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1900 24 hours after funeral 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) e. COUNTY b. COUNTY Prince George's Prince George's by the 1 and 2 s death. Maryland MARYLAND b. CITY OR TOWN (if outside corporete I mits, c. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town) LENGTH OF STAY IN 16 write RURAL and give neerest town) davs Seat Pleasent Cheverly within d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp ta, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 520 - 68th Street YES NO A Prince George's General Hospital pletely 3. NAME OF 4. DATE Middle Month Yeer DECEASED OF DEATH January 2/1 1962 Albert (Type or print) Spletter 6. COLOR OR RACE 7, MARRIED | NEVER MARRIED 9. AGE [In yeers | IF JNDER 1 YEAR IF JNDER 24 HRS. 5 SEX B. DATE OF BIRTH lest birthdey] and Months Deys Hours Male White WIDOWED DIVORCED BIRTHPLACE (Caunty & State, or foreign country) physician se remove o 10e. JSUAL OCCUPAT ON (G.v. kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. K ND OF BUSINESS OR INDUSTRY done during most of working I fe, even if retired) U.S.A. Nebraska Watch Repairer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .5 please attending and Unknown Unknown Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address 520-68th St. (Yes, no. or unkown) (If yes give werer dates of service) removal J. Spletter-Seat Pleasant, Md. ng physician. unobtainablalice 18. CAUSE OF DEATH [Enter only one couse ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE IN **burial-transit DUE TO** aftending Conditions, if eny, which (6) geve tise to immediate cause **DUE TO** (a), sleting the underlying has the PART H. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY certificate PERFORMED? Se NO X 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Pert I or Pert II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH After this 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) þ 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Dev. Yeer factory, street, office bldg., etc.) While Not While Hour a.m. et work et work p.m. DIRECTOR: 1952, that (I) (we) last saw the deceased alive on.... DATE may MED SIGNED O **ATTENDING** DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type FUNE 7016 Greig Street, Hillcrest Hgts. Md. Max M. Herzber BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or equally). REMOVAL (Specify) Arlington, Buria Arlington National OH 25e, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) JAN 2 9 '62 Chillian & Kinses S. H. Hines Co. Washington. D. C. DATE 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH AND RECORD** PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY CINCC MARYLAND b. CITY OR TOWN (if outside corporete limits. c LENGTH OF STAY IN 16 OR TOWN (If outside corporete mits, write RURAL end a write RURAL and give nearest town) days heverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress) e. IS RESIDENCE ON A FARM? YES NO IN NAME OF DATE DECEASED OF (Type or print) DEATH 8 carbon 5. SEX AGE (In years IF UNDER 1 YEAR IF JNDER 24 HR MARRIED NEVEL MARRIED and last birthdey) | Months Hours WIDOWED [ 100 Yrs. 10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even fretired) 13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME ARMED FORCES? SOCIAL SECURITY NO or unkown) | [[fivesqive wer or dates of service] INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: dan IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), stelling the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. WAS AUTOPSY PERFORMED? NO 206. ACCIDENT WAS UNDERLYING | 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part For Part II of item 18.)
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year 20d, INJURY OCCURRED , 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. al work | at work p.m. 19.6. Hret (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. and that death occured at 1. M, from the causes and on the date stated above. saw the deceased alive on DATE 22a, SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) AURIAL, GREMATION F S の意思 256. MGISTRAR'S SIGNATURE DATE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admiss on) PLACE OF DEATH b. COUNTY a COUNTY a. STATE PRINCE GEORGES MARYLAND MARYLAND KING C 14 7 T c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) E. LENGTH OF STAY IN 16 b CITY OR TOWN (if outs de corporete | mits. 2 write RURAL and give neerest town) 13. HOURS SUITLAND ANDREWS AIR FORCE BASE A. IS RESIDENCE d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO 5103 SUITLAND ROAD US AIR FORCE HOSPITAL SE 4. DATE Month Enst Middle 3. NAME OF DECEASED DEATH 19 62 (Type or print) WILLIAM ALTON JANUARY STOWE IF UNDER 24 HRS. AGE (In years | IF JNDER 1 YEAR carbon 8 DATE OF BIRTH 6 COLOR OR RACE 7, MARRIED NEVER MARRIED K last birthday) Months Days pue 23 AUGUST DIVORCED 10 yes. CAUCASIAN WIDOWED | MALE: 1 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 10a. USLIAL OCCUPATION (Give kind of work гетоме done during most of working life, even if retired) UNITED STATES MARYLAND STUDENT NONE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ā MARY E LUCAS EDMUND LEON STOWE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detas of service) SAME AS ITEM #2 MARY E STOWE (MOTHER) NONE INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: INTRACRANIAL IMMEDIATE CAUSE (a) DUE TO BEING STRUCK BY AUTOMOBILE Conditions, if any, which gava rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES X NO 1 CERTIFIC, 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ME CAUSE OF DEATH *うしにしじん* (County) 20d. INJURY OCCURRED 1,20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) Month, Day, Year factory, street, office bldg , etc.) 21. I certify that 2) (this hospital) attended the deceased from 22 VAM, 1962 to 43 VAM, 1962 that (I) (XXX) last DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c PHYSICIAN S USAF HOSPITAL, ANDREWS AIR FORCE BASE, MD JOSEPH R GOVI, Capt USAF MC (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 236. BURIAL, CREMATION, 236, DATE THEREOF REMOVAL (Specify) 다<sub>운</sub>고 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Onthur & Krauses 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) a. COUNTY Page Health, a. STATE ries. b. CITY OR TOWN (if cutside corporate limits, write RURAL and give neerest town) Prince George's MARYLAND Maryland Prince George, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN IN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T Prince George's General Hospital 64th. Avenue 4. DATE Month DECEASED OF (Type or print) DEATH Kenneth Stroman January with 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 2 with age 5 may 1 and 2 wit lest birthday) Months Days Hours Male Colored

10a. USUAL OCCUPATION (Give kind of work WIDOWED [ DIVORCED [ TOB. KIND OF BUSINESS OR INDUSTRY Pages 1, Z, 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) pages 1 within Marvland U.S.A. None None P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within 24 Give Walter Stevens Doretha Austin ekent File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17 INFORMANT Stroman Address in Item 18. (Yes, no, or unkown) ( (Ifyesgivewerordates of service) Office along with burial-transit perry Doretha Austin None Same as IB. CAUSE OF DEATH [Enter only one cause per l'ne for (e), (b), and (c), l INTERVAL BETWEEN .<u>.</u> ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and in pencil Pneumonia IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which gave rise to immediate cause m "pending" DUE TO SE (a), stating the underlying Medical Examiner ō couse lest. pesn PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 91 19. WAS AUTOPSY CERTIFICATION cremati word PERFORMED? NO X acute the certificate, wr ting the woll be forwarded to the Chief Medica ERAL DIRECTOR: Page 3 should ssignated gent, prior to burial, cren 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 20e. PLACE OF INJURY (Home, farm. 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 20f. (City or town) (County) (Stele) fectory, street, office bldg., etc.) Hour e.m. While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection x Inquiry X and in my opinion death resulted from: Natural causes x, Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER sh be for DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER & 1/17/62 EXAMINER'S ames I. NAME (Type) Boyd, M.D. Address (Street, city, town, or county) 220. BURIAL, CREMATION, 205. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or country) REMOVAL (Specify) ō <u> </u>40 Burial 23. FUNERAL DIRECTOR 24s. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. ATSME -Hunt Pl. nE DATE JAN 19'62 5M 9/60 Culling of thous



Division of STATISTICAL RES CORDS. BALTIMORE 1. MARYLAND NOLMEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) director, Page your files. e. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate lamits, TE. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? State YES NO uld be executed within 24 hours after death. If any d in pencil in Item 18. Give Pages 1, 2, and 3 to the full Office along mith form PM3. Page 5 may be retail ourial-transit permit. File pages 1 and 2 with the State death. 3. NAME OF Middle DECEASED OF (Type or print) DEATH 16 COLOR OF RACE T MARRIED THEYER MARRIED (In years | IF UNDER 1 YEAR DATE OF BIRTH 9. AGI 5 m, sand 2 w b #hdey) Months WIDOWED DIVORCED 10e. USUA. OCCUPATION (Give kind of work TOD, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT done during most of working life, even if retired) pages | uo c FATHER'S NAME This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unkown) : (If yas give war or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). Office along a burial-transit p INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate cause "pending" Medical Examiner's should be used as a **DUE TO** (a), stating the underlying ᆼ cause lest. cremation, PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED? the certificate, writing the word rwarded to the Chief Medical CERTIFICA NO should 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of Item 18.) 20a, EXTERNAL CAUSE WAS PRIMARY IT or CONTRIBUTING IT burial, CAUSE OF DEATH. ന MEDICAL forwarded to the Chief 20d. INJURY OCCURRED., 20e. PLACE OF INJURY (Homa, farm. ' 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer (County) (Stata) factory, street, office bldg., atc.) 0 While Not While Hour a.m. at work at work prior 21 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry | and in my opinion death resulted from: Natural causes X Accident. Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should me for FUNERAL 1 SIGNATURE EXAMINER'S DEPUT Sase ex NAME (Type) Address (Street, city, fown, or county) 22a, BURIAL, CREMATION, 1 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or country) (State REMOVAL (Specify) 0 ₹40 6 Epiphany Cemetery Burist Forestville 23. FUNERAL DIRECTOR 24s. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE pper Marlbord VS. ATSME DATE AN 25 6 - 1 8. Thomas Ritchie Bros.Fun'l Home-5M 7/59 Marvland.

MARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18					
	CERTIFICATE OF DEATH Reg. Dist. No. (1105)					
1.	PLACE OF DEATH O. COUNTY  PRINCE GEORGE MARYLAND  2 USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) o. STATE  MARYLAND  5. COUNTY  PRICE  6. COUNTY  PRICE  1. CE					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  HILLOREST HIGHTS  ALLOREST HIGHTS					
	d. NAME OF HOSPITAL (Il not in haspital, give street address) OR INSTITUTION 5819- ST. C/AIRE DR 5819- ST. C/AIRE DR YES NO NO A FARM? YES NO					
3.	NAME OF DECEASED (Type or print)  Perst Middle Last 4. DATE Month Doy Year OF DEATH JAN 20 1962					
L	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years lost birthday)   FEMALE   WIDOWED   DIVORCED   July 31-1888   9. AGE (In years lost birthday)   Manihs Days   Maurs   Min.					
	1. USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stale or fareign country)  HOUSEWIFE  12. CITIZEN OF WHAT COUNTRY?  C,  7. 5 A.					
L	John Keith Ley Charlotte Peake					
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address William Sullivan 5819_ St Clair DR					
	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  DUE TO  INTERVAL BETWEEN ONSET AND DEATH					
	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause tast.  (b) (energial) te d /frferios C/erosi's  DUE TO					
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO					
	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)					
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While Not while at work at wor					
	21. I certify that I attended the deceased from Like 1919, 19 to Jun 20, 196 Lithat I last saw the deceased alive an 11, 1962, and that death occurred at 11/14M, from the causes and an the date stated above.  ADDRESS (Street, city or jown, state)  DATE SIGNED					
	SIGNATURE LYNE 9 July 1 MD. 20- Messasspi are SE 1-20-62					
22	PHYSICIAN'S NAME (Type)  LUG EARE  OUKOI I MILD  BURIAL, CREMATION, 22b. DATE THEREOF  [22c. NAME OF CEMETERY OF CREMATORY]  ASIGNED  ASIGNED					
L	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 1 240. RECID BY REGISTRAR 240. REGISTRAR'S SIGNATURE					
2	Symmons Brus. 1661-Good Hope Rd St. DATE JAN 22'62 10 - 8 Hours					



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. For 4 may be retained by the lospital or attending physician.

S TO FULL MAL DIRECTOR After this cartificate has been signed by the attending physician and complete fulled in by the uneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pape. Pages 1 and 2 hold be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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		,	AARYLA	ND STATE DE	ARTMENT O	F HEALTH				
	DIVISION OF	F STATISTICAL	RESEARC	H AND RECORDS, CEDTIEIC A TE	OF DEATH	N STREET, BA' I	LTIMORE	I, MARYL	AND	
_		01096		CERTIFICATE	OF DEATH	<u>'</u>			11057	
	PLACE OF DEATH				2. USUAL RESIDE:	NCE (Where daceass	b. COUNTY	itution: Rasidend	ce before adm ssion)	
	Prince G	eorge†s		MARYLAND	The second second	(If outside corporate		George!	s	
ı	b. CITY OR TOWN (if write RURAL and	foutside corporate (imit give negrest town)	ls, c.	LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate	simits, writa R	JRAL and give r	nearast town)	
	Cheverly	The state of the s	_	2 days	Silver H		1			
•	d. NAME OF HOSPIT	AL OR INSTITUTION (	f not in hospita	II, giva street addrass)	d. STREET ADDRES	1			IS RESIDENCE     ON A FARM?	
	Prince Ge	eorge's Gen	eral Ho		4223 Sil		load 📜		YES NO	
	NAME OF DECEASED	First		Middle	Lest	4. DATE	Month	Day	Year	
	(Typa or print)	Danie		E.	Thom	DEATH	Januar		19 62	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	DATE OF BIRTH	a la si		UNDER I YEAR	IF UNDER 24 HRS.	
	Male	White	WIDOWED	DIVORCED _	January 9		yrs.	2		
do	<ul> <li>USJAL OCCUPATI na during most of wo</li> </ul>	ON (Give kind of work rking life, even if ratire	d)	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Co	unity & State, or forall	gn country)	,	F WHAT COUNTRY?	
	ione		n	one	Marylan		_	U.S. 2	<u>A</u>	
IJ.	FATHER'S NAME	A /Di T			14. MOTHER'S MAIDE					
1<		A. Thom J		CIAL SECURITY NO. 17.		1. Shriver	Address			_
(Ye	s, no, or unkown]  {If	iyesgivawarordatesofs	ervice)	1				"- 1		
_	no	EATH (Enter on y ona	no		Herbert A.	Thom Jr	Same	as_#2 (	Father)	1
	PART I. DEATH	H WAS CAUSED BY:							SET AND DEATH	
	- / >	IMMEDIATE CAUSE (a)_	recar	Atelectasis	_				_	
	76	DUE TO	Dalmo	nary Hyaline	Mambaana Di	50050				
1	Conditions, if any gava rise to immade	ate cause	FULLIO	nary nyarrne	Memorane DI	Sease				-
	(a), staling the u	nderlying DUE TO	Promo	turity						
, l	PART II. OTHER	SIGNIFICANT CONDI		BUTING TO DEATH BUT NO	OT RELATED TO THE TERA	AINAL DISEASE CON	DITION GIVEN	IN PART 1(a) 1	9. WAS AUTOPSY	z
									PERFORMED?	
2	20a ACCIDENT W	AS UNDERLYING	20b. DESCRI	BE HOW INJURY OCCURE	). (Enter natura of injury i	B Part Lor Part Lof it	am 18.)		ES LA NO []	-
	OR CONTRIBUTING	MEDICAL EXAMINER					- ,			
₹	20c. TIME OF INJU		ar 1 20d, [NJ	URY OCCURRED 20e. PL	CE OF INJURY (Home, fe	rm. 20f. (City or t	own)	(County)	(State)	-
<u>ä</u>	Hour a.m.		While at work	TANI AA IIII -	lory, street, office bldg., a	itc.)				
2	p.m.	19			101	3 10	1-11	1067	hat (I) (wa) laa	
				d the deceased from.						
	22a. SIGNATURE	ed alive on1	<u>/                                    </u>	1962, and tha	death occured an	Cracket trom the	e causes an	on the da	22b. DATE	-
	11.	ark	7. 1.	105	ATTENDING PHYS.	AMEDIO S DIRECTOR P	TAFF HYS.		SIGNED	1
	22c. Pyrosician's	NITALY	770	0 0	22d. ADDRESS	C 70	1/5	11		-
	MAME (Type)	r. John P.	D'Ange	70	422	3 Schrer	Helf	CS.	E	
23a	BURIAL, CREMATI	ON, 236. DATE THE		3c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	N (City, town	<b>Palling</b> t	on , Danie C.	-
	REMOVAL (Specify) Burial	1/12/61		Mt. Olivet C	emetemr	Washing	ton	D. 0	3.	
24	FUNERAL DIRECTOR			ADDRESS	25a. R	EC'D BY REGISTRAR	25b. REGIS			
	F. Gasch	s Sons	Hyattsv	rille, Md.	DATE ,	JAN_1 5 '62	an	hur S. Kens	auto .	
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

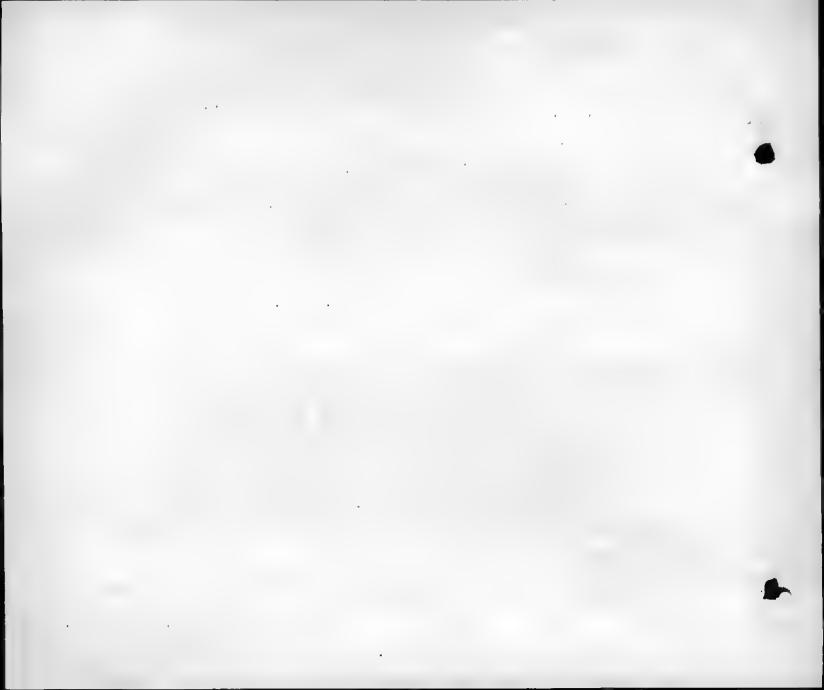
Total Co.	097	,	CERTI	FICA	<b>YTE</b>	OF	DE	ATH

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1. PLACE OF DEATH			MARY	- 11	o. STATE	ENCE (Whe	ere deceased	l lived If institut b. COUNT		ence before		
b. CITY OR TOWN (If RURAL ond give net Hyattsvil)	prest town)		c. LENGTH OF STAY I	N 16	c. CITY OR TO	OWN (If or		rote limits, write	RURAL and	l give near	rest town)	
d. NAME OF HOSPITA OR INSTITUTION	Madison S		ddress)		d. STREET AD		dison	Stree	t	•	ON A	FARM?
3. NAME OF DECEASED (Type or print)	Elizabeth		Patterso	n 🐃	Thomas	5	4. DATE OF DEATH	Mo Ja		Day		eor 9 62
s sex female	6 COLOR OR RACE white	7. MARRI	ED NEVER MARRIE		Oct 18		71	9. AGE (In years last birthday) 90 yrs	Months	ER 1 YEAR		
100 USUAL OCCUPATIO during most of work Housewij	N (Give kind of work on ing life, even if retired)	tane: 10b, k	Own Home	RINDUSTR	Y 11. 8IRTHPLA	CE (State o	or foreign co	ountry) •	12.CI	U S		DUNTRY?
13. FATHER'S NAME	Turnbull				14. MOTHER'S /		Patte	areon				
15. WAS DECEASED EVER	-	CES? 16. S	OCIAL SECURITY NO.	17, INFO		Stille	1 att		dress			
	f yes, give won or dates of se	rence)	none	Day	rid T. I	hom	as sa	me as #	2			
Canditions, if are gave rise to in couse (a), storing I lying cause lost.  PART II. OTH	he under- DUE TO  ER SIGNIFICANT CON  S UNDERLYING []  IT CAUSE OF DEATH	Ser Ditions Co	WE CON  WHE HAVE  ONTRIBUTING TO DEA		or cless				ER IVEN IN PA	1	PERFO	earn
ZOC, TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	While	Not while   Ot wark	20e. PLAC focto	E OF INJURY (H ry, street, office	lome, farm bldg., etc.	, 20f. (City	or town)		(County)		(Stote)
sow the deceas 220 SIGNATURE 22c. PHYSICIAN'S NAME (Type)	ed alive on 18.	Jan Leli Zu	EEN	that dec	D. ATTENDING PHYS. 22d ADDRES	ME	M, from  ED  RECTOR   2	the causes o	nd an H		stated	obove. DATE SIGNED
BULLAL CREMATION	1/22/62	F	23c NAME OF CEME		CREMATORY		_	TION (City, lown,	,		(Stote Md.	}
24. FUNERAL DIRECTOR'S Franics Ga		в Ну	attsville,	Md.		250. REC'I	D BY REGIST		SISTRAR'S S			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be, to have be the hospital or attending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and campletely filler. By the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon pages. The pages is a shall be detached for use as the burial transit permit. Then please remaye carbon pages. The pages is the burial transit permit and in ony event, within 72 hayfacter death. VR A15 (4) 1SM 9/59



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH rector, Page your files, and of Health, Prince George's e. COUNTY Page 6. COUNTY Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside comprete limits, write RURAL and give nearest town) # LENGTH OF STAY IN 16 write RURAL and give neerest town] Oxon Hill Oxon Hill years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Foote Road Fort YES NO IX be retaine th the State E Fort Foote Road TUNE Month DATE Middle DECEASED OF 3 to the Arkhur 19 62 Edward Turgeon January (Type or print) DEATH affer 9. AGE (In years | IF UNDER 1 YEAR 6 COLOR OR RACE 7, MARRIED TI NEVER MARRIED IF UNDER 24 HRS. ₩ith 8. DATE OF BIRTH may 5 m and 2 w Months November 19,1907 Whi te and WIDOWED I DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? in pencil in Item 18. Give Pages 1, 2, Office along with form PM3. Page 5 done during most of working life, even if retired) Food Pennsylvania U.S.A. pages 1 within 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Joseph Turgeon Elizabeth Appleyard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT (Yes, no, orunkown) (Ifyesgivewarordetesofservice) permit, I Wanda Turgeon, same 8.6 certificate should be executed rd "pending" in pencil in Item 18. CAUSE OF DEATH linter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN or's Office along v is a burial-transit p removal, and in it 2 ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) Cardiovascular renal disease gave rise to immediate cause Medical Examiner's DUE TO (e), stating the underlying as ould be used a cremation, or PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? writing the word NO T Diabetes of twenty years XXXXXXX duration pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part I of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. burial Chief the C. Page 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) Month, Day Year (County) (Stete) fectory, street, office bldg., etc.) Not While While Hour e.m. et work at work OR: 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection lock. Inquiry and in my opinion 0 MEDICAL forwarded to DIRECTO Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER he designated ACTUAL ASSISTANT MED CAL EXAMINER DATE SIGNED should be for SIGNATURE 1/15/62 DEPUTY MEDICAL EXAMINER TX EXAMINER'S James I Boyd TO DEPU NAME (Iype) Address (Street, city town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) 22e, BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) ₫40 g 24b. REGISTRAR'S SIGNATURE VS. AISME a Jung S. Krous SM 9'60

ARYLAND STATE DEPARTMENT OF HEALTH



	01099	CERTIFICATE	OF DEATH	REEL, BALLIMORE I, A	01090
M	b. CHY OR TOWN (if outs da corporate limits, write RURAL and give neerest town)  ANDREWS AIR FORCE BASE  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospit	MARYLAND  c. LENGTH OF STAY IN 1b  1 DAY  ta, g.ve street address	e. STATE  MARYLAND  c. CITY OR TOWN (If outs d	b. COUNTY PRINCE corporate limits, write RURAL et	GEORGES
	USAF HOSPITAL ANDREWS  3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE 7. MARRIED  CAUCASIAN WIDOWED  10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  NONE	NEVER MARRIED B.  DIVORCED	0	FEATH JANUARY  9. AGE (In years lif UNDER last birthdey) yrs.  ale, or fore gn country) 12. CI	Dey Year 6 1962
2.	13. FATHER'S NAME  GERALD BURTON VICTORIAN  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or detes of service)  NO  18. CAUSE OF DEATH [Enter only one ceuse per limit of the property of	NONE FAT ONLA, LOBES, ORGANI	NORA G ROBERTS NFORMANT HER SE.C., RIGHT MI	Address SAME AS DDLE AND LEFT	ITEM #2 INTERVAL BETWEEN ONSET AND DEATH
***************************************	OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	DURY OCCURRED 20e. PLACE facto of work 19	(Enter neture of injury in Pert I of E OF INJURY (Home, ferm, 20)  5 JANUARY 1962  death occured at 1.140,  ATTENDING MED. DIRECTO	r Pant II of item 18 )  (Coly or lown) (Color of JANUARY, 19  from the causes and on	YES KK NO (Stete)  OC.2., that (I) (we) late the date stated above 22b. DATE SIGNED
B	230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify)  (Inclined) 1-12-67  24 FUNERAL DIRECTOR'S SIGNATURE  W. W. Chambers Co. 517	ADDRESS ALL .	25g. REC'D BY	LOCATION (City, town or count with the green left REGISTRAR'S AN 15'62	a

MARYLAND STATE DEPARTMENT OF HEALTH

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filled in by the funeral Pages from 2 should a

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be enecuted with a death. Plage 4 may be retained by the hospital or aftending physician.

₹ IO FU AL DIRECTOR: After this certificate has been signed by the attending physician and composite in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.

within 24 hours after

TW FOR CHE CERTIFICATE

FI-14 6-3. -- 1/ 5/2. 70

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Whare decessed lived, If institution; Residence before admission) a. COUNTY h. COUNTY the 1 d 2 eath. PRINCE GEORGES MARYLAND MARYLAND PRINCE GEORGES b. CITY OR TOWN (if outside corporate limits, pue c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 12 DAYS ANDREWS AIR FORCE BASE OXON HILL d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO K US AIR FORCE HOSPITAL 7800 LIVINGSTON 헏 ROAD NAME OF First Middle 4. DATE Year DECEASED OF (Typa or print) DEATH 22 JANUARY 19 62 PATRICIA WÖLCÖTT WARD 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Days Hours MARCH 1924 CAUCASIAN WIDOWED [ DIVORCED FEMALE 10a. USJAL OCCUPATION IG ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY! 11 BIRTHPEACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSEWIFE UNITED STATES MASSACHUSETTS NONE 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME Ξ EDWIN A WOLCOTT LILLIAN II FARNAM Then 15. WAS DECEASED EYER IN J.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgivewerordetesofservice) RAYMOND A WARD (HUSBAND) NO SAME AS ITEM #2 18. CAUSE OF DEATH [Frier only one cause per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH Standstell secondary to PART I, DEATH WAS CAUSED BY-30 minule IMMEDIATE CAUSE (a) diabetes & renal Lai DUE TO Conditions, if env. which gava risa to immediata cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? SS SS NO [ use 20e. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW NURY OCCURED, (Enter neture of injury in Pert I or Part II of Item 18) OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. NJURY OCCURRED . 20e. PLACE OF INJURY (Home, form, 2Df. (City or town) (County) (State) factory, streat, office bldg., etc.) Not While Hour a.m. While at work 21. I certify that (X (this hospital) attended the deceased from 10 JANUARY., 19.62 to 22 JANUARY., 19.62, that (I) (XX) last saw the deceased alive on 22 JANUARY, 19, 62, and that death occured at 735 M, from the causes and on the date stated above. 22e. SIGNATURE 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ď USAF HOSP, ANDREWS AIR FORCE BASE, Capt USAF MC ector, filed 23a. BURIAL, CREMATION, | 23b. DATE THEREOF (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Shecify) OFB 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR | 25b/REGISTRAR'S SIGNATURE VR A15 (4) DAJAN 2 5 '62 15M 9/60

24

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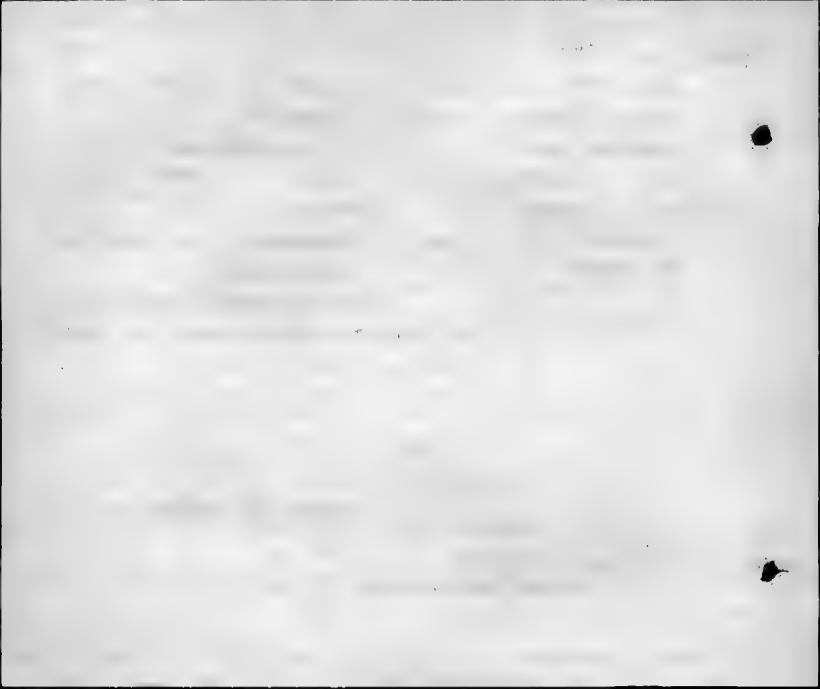
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ARYLAND STATE DEPARTMENT OF HEALTH



		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
		01107 CERTIFICATE OF DEATH	9
ifter sould	VI)	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before a	dmission)
rs fr		PRINCE GEORGES  MARYLAND  6. STATE  D. COUNTY  DISTRICT OF COLUMBIA	1
hour the	39	b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest tow	(n)
24 1 ar		write RURAL and give nearest town)  ANDREWS AIR FORCE BASE 2 HRS 19 MIN WASHINGTON	,
hin ed i ges afft	- 1)	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital cave street address)   d. STREET ADDRESS	ESIDENCE A FARM?
within filled Pages	~	US AIR FORCE HOSPITAL 1322 SAVANNAH STREET SE YES	но 💢
De Train		3. NAME OF Frst Middle Lest 4. DATE Month Day Yee DECEASED OF	
mple pap		(Type or print) JOHN HUGH WATLINGTON DEATH JANUARY 28 19	
on Car		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 1	Min.
and carb	T	MALE   CAUCASIAN   WIDOWED   DIVORCED   28 JANUARY 1962   yrs.   2	19
icat ve sian		10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT (done during most of working life, even if retired)	OUNTRY?
ertif nysik remo		NONE NONE PRINCE GEORGES, MARYLAND UNITED STA	TES_
la galla gal		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
dea dea plea		THOMAS B WATLINGTON EDNA A BUTSCHEK	_
the latter hen al, a		(Yes, no. or unkown) (If yes give war or detas of service)	D 1/D
he d		NO NONE MEDICAL RECORDS, USAF HOSPITAL ANDREWS, AF	
es H sian by t by t rmit		ONSET AND	DEATH
nysical ped the per th		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY ATELECTASIS  2 HRS	ra LITIN
or resignation of the signature of the s		Conditions, feny, which the MARKED LARYNGEAL EDEMA 2 HRS	IQ MTN
law ndin sen sen al-tr		gave rise to immediate cause	r a_ritin
The after is by buri		(a), stelling the underlying DUE TO (c) PREMATURITY AND IMMATURITY  2 HRS	19 MIN
or a	2	THE CONTROL THE TO BE SOUTH THE TO BE ATHOUGH AND TO THE TERMINAL DISEASE CONDITION CIVEN IN PART II. 19 WAS	AUTOPSY
ital icat icat icat io	a Company	PERF	DRMED?
restil		2De ACCIDENT WAS UNDERLYING   20b DESCR BE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.)	
PH7 he he l is of to		ZOR ACCIDENT WAS UNDERLYING 1 206 DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)	
hed teal		20c. TIME OF INJURY Month Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County)	(Steta)
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EN etalin o CR:		21.   certify that (I) (EXXXXXX) attended the deceased from 28 JANUARY, 19.62 to 28 JANUARY, 19.62 that (I)	(We) last
E SE		saw the deceased alive on 28 JANUARY 19.62, and that death occurred at 1054P from the causes and on the date state	d above.
Stat		ATTENDING MED. STAFF	SIGNED
the the		MD PHYS. IN DIRECTOR PHYS. 28 JANUARY	62
A de		22c. PHYSICIAN S  Hestley 7) Capt USAF MC USAF HOSPITAL, ANDREWS AFB, MD	
S. S. S.	- 1		State
He de to		236. BUK.AL, CKEMATION, 236 DATE THEREON	na oj
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VR A15 (4) 15M 9/60		24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258 REC'D BY REGISTRAR'S SIGNATURE DATE FEB 1 '62 Octhur 1 Kings	
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MARYLAND STATE DEPARTMENT OF HEALTH



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1.	PLACE OF DEATH	71102				2. USUAL RESIDENCE (WI	ere decease	d lived. If institu	tion: Residence	e befare	edmission)	
L	a. COUNTY	ince Geor	ge	P#111	×	o. STATE Marylan	2	ь count Princ	e Geo	rge		
	b. CITY OR TOWN ( RURAL and give no	If autside corporate lim	its, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If a	outside corpo	prote limits, write	RURAL and g	va neor	est town)	
\_	•	attsville	9	2 vrs.		66 East Ri	verde	ale				
4	d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital,	give street	oddress)		d. STREET ADDRESS					IS RESIDENC	E
L		Manor Nu	ırsi	ng Home		6143 -	64th	Ave.			ON A FARM	
3.	NAME OF	Fi		Middle		Last	4. DATE	Me	onth .	Day	Yeor	
	(Type or print)	Ella		G.		Webster	OF DEATH		n.	6	196	2
S.	SEX		7. MARR	IED NEVER MARRIE	рΠ	8. DATE OF BIRTH	1	9. AGE (In year	IF UNDER	-	F UNDER 24 H	
	Female	White	WIDOWI			1/3/1880		last birthdoy)	Months	Days	Haurs Mir	n.
10	USUAL OCCUPATION	ON (Give kind of work	done 10b.		INDU	STRY 11. BIRTHPLACE (Stote	or foreign c			ZEN OF	WHAT COUN	VTRY2
	ouring most or worl	king life, even if refired Retired	)  _	reau of I			ash.			TT.	S.A.	
13.	FATHER'S NAME	HOUTIOU	120	ar bad or i	SIIE	14. MOTHER'S MAIDEN N		,15.0.		0		
l	W	illiam Ba	nth	nlme		Unknow	m					
15	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.	17, 1	NFORMANT			dress			
{¥	NO or urknown)	(If yes, give wor or dates of	ervice	None	M	rs.Estelle	E. G	old 61	.43- 6	4th	Ave.	
F	18. CAUSE OF DEA	ATH   Enter only one co	ouse per lie	ne for (a), (b), and (c).)				110	- Liver	INTER	VAC BETWEEN	
	PART I DEA	TH WAS CAUSED BY:	. C1	ARDIO-1	A5	CULAR-RO	=NA4	1 1/5	EASE	ONSE	T AND DEAT	Н
	log .	IMMEDIATE CAUSE (d		TAPE O				0,3	.,,	-	, - ,	
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IFIC	20g ACCIDENT WA	S UNDERLYING FI	20b DESI			Enter noture of injury in I	Part Los Por	t If of item 18.1			YES NO	K_
1 CERTIF		AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)										
ĮŠ	20c. TIME OF INJUR	Y Month, Doy, Ye	or 20d It While	Not while	20e. PL/	ACE OF INJURY (Home, farm tary, street, affice bldg., etc.	, 20f. (City	or town)	(C	ounty)	(Ste	ate)
MEDI	p. m.	19		k ot work		,	1					
	21. I certify th	at I attended the	deceas	ed fram	<u>C.</u> :	, 19 <u>5</u> 9, to	TAN:	6, 196	2, that I le	ast sav	w the dece	asec
1	alive an	1 A CV. 4	19_5	$22$ ,, and that $\epsilon$	death	occurred at #15	M, from	n the causes	and an th	e date	stated ab	ave
ı	I	1 00%	7. h	CO		220	ADDRESS (S	treet, city or town	, stote)	, ,	DATE SIG	GNED
L	ACTUAL TOWN	and action	t-111	- Can	40	M.D		5th 2	£ . 10	1.00	-1/-7/	60
	PHYSICIAN'S NAME (Type)	4AROLL	F	MECA	NA	1 1000	lin	ula-	10	. 1	2.0	
22	BURIAL CREMATIO	N, 226. DATE THEREC	)F	22c. NAME OF CEMET	ERY O	R CREMATORY	22d LOCA	ON (City, town,	or county)	7	(Stote)	
	REMOVAL (Specify) Buria	1/10/1	962	Arlington	n_N	ational Cen	A. A	rlingto	n. Vi	rgi	nia	
23	FUNERAL DIRECTOR	3/ 0 . 1	/	ADDRESS 320	-OC	R. I. 240. REC'	BY REGIST		ISTRAR'S SIGI			
1	Calleys (	unual St	ome				AN 9	'62	Tothun &	the	M/G	
-	V	. 4	المالا				-					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be retrined by the haspital or attending physician.

TO FUN: \*\*\* DIRECTOR: After this certificate has been signed by the attending physician and completely filler by the funeral director. page \*\*\* I'ld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages \*\*\*\* Pages \*\*\* I have burial, transit permit. Then please remove carbon papers. VS A1S (4) 1SM II/SS



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before aemission) a. COUNTY m. STATE **b.** COUNTY Prince Georges MARYLAND arvland Prince Georges b. CITY OR TOWN (if outside corporete l'mits. c. LENGTH OF STAY IN 1h c. CITY OR FOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL end give nearest town) Cheverly Hyattsville Months d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Convalence Home retaine. he State Flintridge Adsacorda YES NO 3. NAME OF 4. DATE Month to the DECEASED the (Type or print) DEATH Esther Lorraine Weedon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED with 8. DATE OF BRTH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS 5 may ld 2 with hours last birthday] Hours Fem. WIDOWED T DIVORCED 74 yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I I 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Housewife Home Virginia pages i 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) as #2 Julian M. None Weedon Same 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN e along I-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (e) **DUE TO** Coronary artery disease which geve rise to Immediate cause W (0 **DUE TO** as (e), steting the underlying Examiner Medical Examine should be used a cause lest. cremation, ATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, a) 19, WAS AUTOPSY PERFORMED? writing the word NO & CERTIFIC. 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Pert I or Pert II of Item 18.) the Cir. Page 3 sir. PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour e.m. While Not While OR: P at work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 30, Inquiry and 'n my opinion forwarded to DIRECTO death resulted from: Natural causes 🕱 Accident Suicide [ Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 28,1962 January **EXAMINER'S** O DEPU NAME (Type) ames Address (Street, city, town, or county) 22m. BURIAL. CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) 40 8 **FUNERAL DIRECTOR** 24b. 'REGISTRAR'S SIGNATURE VS. A15ME 5M 9/60 & when of Thrace



plete aled in by the funeral aper ages 1 and 2 should 72 hours after death. death. Are 4 may be retained by the hospital or attending physician.

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TO FUT. At a may be retained by the hospital or attending physician and completer. We tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Ages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 1SM 7/61 N

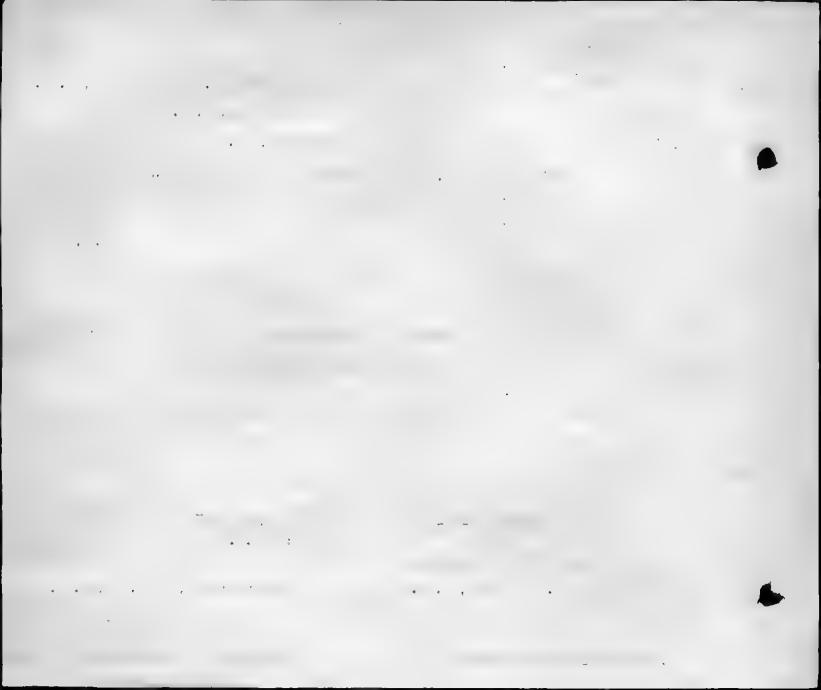
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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICA	TE OF BEATH	In 32
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence	before edmission)
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b. CITY OR TOWN (if outside corporate limits. / I.c. LENGTH OF STAY IN 1b		C C /
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nee	erast town)
paurel 28 day	161 de cret	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address)	d. STREET ADDRESS	e. IS RESIDENCE
I leto de Man in H	1 2 1 54	YES NO V
3. NAME OF First Middle	The state of the s	200
DECEASED	Last 4. DATE Month Doy	Yeer
(Type or print) (= + + 1 & 1 4 5	niteled DEATH Jan 14	19 × /~
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		F UNDER 24 HRS
-male widowed of DIVORCED	1, 10, 14, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Hours Min.
10m. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF	WHAT COUNTRY?
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13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	_
(+115+31/43 41/hite head	Miru Merson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? . 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Yes, no, or unkown) (Ifyes give wer or detes of service)	11 11 0 1	
	no produced	
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		ET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)		
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Conditions, if any, which (b)	Economic	-
(e), stating the underlying DUE TO	1) of all of the	
couse lost. (c)	Thereto films Elminatur	
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  206 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING   CAUSE OF DEATH OF CHITTEN MEDICAL EXAMINER	ED, (Enter nature of injury in Pert I or Pert II of tem 18.)	<del>, _ , _ , _ , _ , _ , _ , _ , _ , _ , _</del>
OR CONTRIBUTING CAUSE OF DEATH	to, true nature of injury in rest or real d or lan in.)	,
	LACE OF INURY (Home, farm, 20f. (City or town) (County)	(Stete)
Hour e.m. While Not While at work at work	sciory, street, office blog., etc./	
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21. I certify that (I) (this hospital) attended the deceased from	***	at (l) (are) last
saw the deceased alive on	at death occured 3.1.38.M, from the causes and on the date	
222 FIGNATURE	ATTENDING MED. STAFF	22b. DATE
Korrett White! ; co	M.D. PHYS. DIRECTOR PHYS.	19 /
22c. PHYSICIAN'S	22d. ADDITESS	1 0
NAME (Type) ROBERT C. WINGFIECD	Laure Med	1
	Y OR CREMATORY , Z3d. LOCATION (City, town or county)	(Stete)
DENOVAL (Specify)	2 A Country City, town of country	(Sidio)
Durial 1/16/62 Vary Hill	Cemelery Laurel Mo	
24 FUNIERAL DIRECTOR'S SIGNATURE APPRESS	250. REGIO BY REGISTRAR 256, REGISTRAR'S SIGNATUR	RE
Well itt Standedown Faurel	DATE DATE DATE DATE DATE DATE	448





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Prince Georges MARYLAND Maryland Drince George's b. CiTY OR TOWN (if outs da corporata limits, C LENGTH OF STAY IN 16 write RURAL and give nearest town) Clinton 15 minutes Brandywind d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give streat address) a. IS RESIDENCE ON A FARM? Maryland Medical Center Box 384 YES NO Route 3. NAME OF DATE DECEASED William Ray Willett (Typa or print) DEATH January 19 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Male Oct. WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 11 BIRTHPLACE (State 12. CITIZEN OF WHAT COUNTRY? dona during most of work no life even if retried) General U. S. A. Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charles Willett Florence Hibbert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 4626 dracey Avenue Evelyn Sievert, Suitland, Md. 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Hepatic failure JAMEDIATE CAUSE (a) DUE TO Cirrhosis of the liver (b) gave risa to mmadiata cause DUE TO (a), stating the undarlying causa last. PART 1. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL D SEASE CONDITION GIVEN IN PART 1(8)1 19. WAS AUTOPSY PERFORMED? 28 NO 6 pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II) of item 18.) PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. 20d, INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) 20c. TIME OF NJJRY Month, Day, Year (County) factory, streat, office bldg. atc.) While Not While at work al work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Natural causes X death resulted from-Su cide Undetermined manner Accident Homicide CHIEF MEDICAL EXAMINER designated ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE 1/16/62 DEPUT ames I. Addrass (Straat, city, town, or county) 22a, BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BURIAL (Spacify) IMMANUEL METH. 40 9 23. FUNERAL DIRECTOR 2 w 8. Thank

AND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral 762 PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence bafora admission) e. COUNTY a. STATE b. COUNTY PRINCE GEORGES PRINCE GEORGES MARYLAND もこ b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) è wrife RURAL and give neerest town! .⊑ ANDREWS AIR FORCE BASE 22 HOURS 60 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. (5 RESIDENCE d. STREET ADDRESS ON A FARM? US AIR FORCE HOSPITAL 7316 84th YES NO X NAME OF Yeer DATE Middle 4. DECEASED OF pape DARIN (Type or print) RODNEY WILLIAMS DEATH JANUARY 19 62 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and last birthdey] Months Days MALE CAU JANUARY . WIDOWED DIVORCED 22 physician 10a, USJAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? гетточе 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retirad) NONE NONE PRINCE GEORGES. MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 2. affending SAMUAL G. WILLIAMS JR. ROSE M. BUNDY and Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO 1 17. INFORMANT Address (Yes. no. or unkown) | (If yes give we ror detes of service) NO SAMUAL G. WILLIAMS JR(F SAME AS ITEM the 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c). INTERVAL BETWEEN þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: HRS MIN IMMEDIATE CAUSE (a) signed burial-transit DUE TO peen Conditions, if any, which gave rise to immediate ceuse **DUE TO** (a), stating the underlying the bur burial, has ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY cert.ficate PERFORMED? as YES W NO F 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS JNDERLYING \_\_ OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) 9 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home farm. 20c. TIME OF INJURY Month, Day, Year 20f. (City or lown) (County) (Stata) factory, street, office bldg., etc.) Hour a.m. While Not While et work D.m DIRECTOR: 21. I certify that XI) (this hospital) attended the deceased from 23 JANUARY ., 19 62 to 24 JANUARY 19.62, that (I) (Ve) last saw the deceased alive on 24 JANUARY 1962,, and that death occurred at 25.4M, from the causes and on the date stated above. 220. SIGNATURE 22b. DATE PHYS. DIRECTOR PHYS. JANUARY 1962 22c. PHYSIC AN'S 22d. ADDRESS USAF HOSPITAL, ANDREWS BRODY. USAF AIR FORCE BASE MI MC FUX 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 238. BURIAL, CREMATION, | 236. DATE THEREOF Cremation P. g. g D.C. Morgue (Washington) 19 and E Streets, S.E. 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) Inchus S. Traus DATEJAN 2 6 '62 15M 9/60 05. 5. 16

within 24

attending

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MARYLAND STATE DEPARTMENT OF HEALTH



DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH m. COUNTY b. COUNTY by the and 2 and death. Prince George's

b. CITY OR TOWN (if outs de comporete | mits.) MARYLAND GROTPIA c. LENGTH OF STAY IN 16 write RURAL and give nearest town) l dav Augusta Cheverly e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION of not in hospite, give street address. d STREET ADDRESS ON A FARM? YES NO 1221 B Street Prince George's General Hospital 4. DATE 3. NAME OF Month OF DECEASED (Type or print) DEATH Williams January E.DGAR Carlous and col IF JNDER 24 HRS. AGE (In years IF UNDER TYEAR 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH lest birthday) Months Male WIDOWED [ DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10e. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDUSTRY 11, BIPTHP, ACE (County & State, or fore gir country) done during most of working I'le, even if refired) S TODD 4 16. SOC AL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER NU.S. ARMED FORCES? 28065 (Yes, no, or unkown) } (Ifyesgivewerordetesofservice) MRS ALTON ROGERS INTERVAL BETWEEN 18. CAUSE OF DEATH Enter only one cause per ONSET AND DEATH IMMEDIATE CAUSE (a) After this certificate has been signe tached for use as the burial-transit DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO X 20a, ACCIDENT WAS UNDERLYING | | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) (Stete) 20e, PLACE OF INJURY [Home, ferm, (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Not While While Hour a.m. et work et work DIRECTOR: 3 should be de DATE 22e. SIGNATURE MED. P.M. STAFF SIGNED ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22e. PHYSICIAN'S FUNER NAME (Type) filed. 238. LOCATION (State) REMOVAL (Specify) 0 25e, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE JAN 1 8 '62 15M 9/60 Curing & Flines

within



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Prove the may be retained by the hospital or attending pllysician.

TO FUNE. DIRECTOR: After this certificate has been signed by the attending physician and completely ged in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. See and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

VISION OF STATISTICAL	RESEARCH AND RECORDS, 30	DI W. PRESTON :
01100	CERTIFICATE (	OF DEATH

01100

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission)
	e. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  MARYLAND  c. LENGTH OF STAY IN 1b	c. City OR TOWN (If outside corporata limits, write RURAL and give nearest lown)
	in.Riverdale
d. NAME OF FIOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?
7	VEC DINO NO.
Prince George's General Hospital  3. NAME OF First Hospital  DECEASED	6205 - 13rd. St. Lest A. DATE Month Dey Year
(Type or print)	DEATH
	ilson 8. DATE OF BIRTH P. AGE (In years IF JNDER 1 YEAR) IF UNDER 24 HRS.
S. SEA ON WASTED THE NEVER MARKIED	lest birthdey) Months Days Hours Min.
F WIDOWED WIDOWED DIVORCED	JUNE 7 189/5 86 YIS.
10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST	'RY   11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if ratirad	P: 1. U.S.A
Housewife a 11	
13. FÄTHER'S NAME	14. MOTHER'S MAIDEN NAME
1 / m B	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.   17.	INFORMENT
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	1 2 41 Mila 7411 Unmotale Telo
No morre 1/10	Cortwind chevy ofrase many land
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b,, end (c) ]	INTERVAL ATWEEN
PART I. DEATH WAS CAUSED BY: // ]	ONSET AND DEATH
IMMEDIATE CAUSE (a)	John Marine - Jakharderin
DUE TO 17	41, 1
Conditions, if any, which ) (b)	in where
geve rise to immediate cause	
(e), stating the underlying DUE TO	to all released men
ceuse lest. (c) TYG NAM PLY	cery of were see ex.
PART II. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT N	OT REPATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED?
	YES TO NO FILE
3	
PART II. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT N  206. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURE OR CONTR BUT NG TO CAUSE OF DEATH OF IETHER, NOTIFY MEDICAL EXAMINER)	D. (Enter natura of injury in Part I or Part II of Item 18 )
OR CONTR BUT NG () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ZOc. TIME OF INJURY Month, Dey, Yeer   2Dd. INJURY OCCURRED 2De. PL	ACE OF INJURY (Home, farm, ' 2Df. [City or town) (County) (Stata)
20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 2De. PL Hour a.m., 19 al work et work	ctory, street, office bldg., etc.)
p.m. 19 al work et work	
21 I certify that (I) (this hospital) attended the deceased from	1-21-62, 19, to 1-21-62, 19, that (I) (we) last
	at death occured at 8:50, From the causes and on the date stated above.
	22b. DATE
220. SIGNATURE	ATTENDING MED. STAFF SIGNED
Manual Color Color	M.D. PHYS. PHYS.   PHYS.
22c. PHYSIZIAN'S	22d. ADDRESS
NAME (Type) Dr. Donald C. Edgren	Prince George's Plaza, Hyattsville, Md.
PENCOVAL (Specify) ()	2 00 0 0 0 0
Burial 1-25-62 feet fixed	En Mansoleum 15 ledenstuez M79
24 FUNERAL DIRECTOR'S SIGNATURE	250. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
Will All 1 1 Son Charles	DANAN 31 '62 Chilur S. Firms
W. W. Charber Cer Cerend 10	M. C. DANGER OF UL



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 01110

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- 1	н	- 1	- 7	1	3	F
4		4	- 8		3	Æ

arthur S. Kraus

PLACE OF DEATH a COUNTY Prince George MARYLAND	a. STATE Maryland b. COUNTY Pr George
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1116	c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)  Forestville
d. NAME OF HOSPITAL (If not in hospital, give street oddress)  6212 Darry Lane	d street address 6212 Barry Lane e. is residence on a farm? YES \( \) NO \( \)
3. NAME OF DECEASED (Type or print)  3. NAME OF IRENE I  First M.ddle I	WILSON 4. DATE January 6,1962 19
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. lost birthday)  Nov. 3, 1887  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Doys   Hours   Min   Min   Months   Doys   Hours   Min   Min   Min   Months   Doys   Hours   Min   Min   Months   Doys   Hours   Min   Min   Months   Doys   Hours   Min   Months   Month
100 USUAL OCCUPATION (Give kind of work dane lob. KIND OF BUSINESS OR INDU Retired Telegraph	Wash D.C. 12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Thomas Raussillon	14. MOTHER'S MAIDEN NAME Marie Salambo
five a second of the second of	Miss Ethel Wilson same as above.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stoting the under-lying couse last.  (c)	ma left-beduey onser and death
5 Heneralized ar	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?  YES NOTE:  NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the street of work of the street of work to the street of work to the street of t	ACE OF INJURY (Home, form, 20f (City or town) (Caunty) (State) octory, street, office bldg., etc.)
	deoth accurred at ZZM, fram the causes and on the date stated above.
	M.D. PHYS DIRECTOR STAFF
122c PHYSICIAN'S NAME (Type) Thomas F. Cleary, M.	D. 12d. ADDRESS 5538-Silver Hill Rd SE Wash 28 D.C.
	n National Suitland, Md.
24. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  Lee Fineral Home - Washington, I	250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours ofter death. Page 4 e funeral director by the hospitol or ottending physicion.

CTOR: After this certificate hos been signed by the ottending physicion ond completely filled be detoched for use as the buriol-tronsit permit. Then pleose remove corbon popers. Pages 1 of Health prior to buriol, cremation, ar removal, and in ony event, within 72 haurs after death poge 3 should the Stote Boord TO HOSPITAL moy be ref TO FUNERAL VR A15 [4] 15M 9/59

Lee Funeral Home



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be ref. by the Taspital or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending plysician and completely filled in the funeral director, page 3 showed be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filled with the State Board of Health prize to burial, cremation, or remayal, and in any event within 72 haurs after death. TO FUNERA.

VR A15 (4) ISM 9/59 dh

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

L	01111 CERTIFICATE OF DEATH 01169									
1	PLACE OF DEATH					USUAL RESIDER	NCE (Where decea	sed lived. If inst		before admission)
*	Prince	7	985	MARY	LAND	m	d,		runc	6 Georges
	LURAL ond give	i (If outside corporate neorest town)	limits, write c	LENGTH OF STAY	- 1	c. CITY OR TO	WN (If outside car	porote limits, wri	ite RURAL ond ai	ve nearest town
L	Glens	rden		2 mo	5 /	1111	chelle	11/0		(42)
	or institution	PITAL (if not in haspin	tal, give street add	Parkas	V 1	d. STREET ADD	hellou	lle o	nd	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Sylves	Figit C/ev	Middle	1/1	1:/50	4. DATE OF DEAT	H	Manth	Day Year
S.	SEX	6 COLOR OR R	ACE 7. MARRIED	NEVER MARRI	ED   8. 0	ATE OF BIRTH	1000	9. AGE (In ye		
L	Nale	Negro	WIDOWED.	DIVORCE		uly 20	1818	- C	yrs. Months I	Days Hours Min.
10	Da. USUAL OCCUPA' during most of w	TION (Give jind of working life, even if re	rank dane 10b KII tired) سنر	ND OF BUSINESS C	R INDUSTRY	11. FIRTHPLAC	E (State or fareign	country)	12.CITIZ	EN OF WHAT COUNTRY
	Farm	rey		Zrmm		Md			6	10,
13	I. FATHER'S NAME	- 1	1.1:1	/	14	. MOTHER'S M.	AIDEM NAME		Ta. 1	/-
1	MAS DECEASED	VER IN U. S. ARMED	SOUCEST A SO	CIAL SECORITY NO	17. INFOR	111a	11100		Address	Son
	(es, no. or unknown)	(If yes, give war or dot	as of service	CIAL SECORITY INC	110	mai	n b	Vi'ls	on	
F	18. CAUSE OF D	EATH [Enter only or	ne cause per line	far (a), (b), and (c).	]					INTERVAL BETWEEN
	PART I. D	EATH WAS CAUSED	BY: Pi	eumo	nia					CUTS
	45	er pr	E TO			1/	, ,	- 1/		
П	Conditions, if		(b) Con	905/1	ine 1	Hear	TF	11/4	re	d mos
z	couse (a), statin	ig the <u>under-</u> DU	E TO	1:		1 /	/-	0 . 06		
	lying cause las	THER SIGNIFICANT	(c) CONDITIONS COL	NOVE //ZF	ATH BUT NO	T RELATED TO T	HE TEPMINAL DISE	ASE CONDITION	CIVEN IN PART	1(a) 19 WAS AUTOPSY
NOITA	12	rostali	Z has	11110011110 10 00	<u> </u>	T REENTED TO TH	TE TERMITALE DISC.	AGE CONDINON	OTTEN INTEN	PERFORMED?
11.7		WAS UNDERLYING E	20b. DESCRI	BE HOW INJURY C	CCURRED. (E	nter nature of i	njury in Part I or f	ort II of item 18	.)	10
CERTIF	(IF EITHER, NOTIL	FY MEDICAL EXAMIN	IER)							
MEDICAL	20c. TIME OF INJ	URY Month, Day,		JRY OCCURRED		OF INJURY (Ha , street, office b		ity or town)	(C	ounty) (State
AAF	р п		19 While at work [	Not while at work						
	21. I certify t	hat (1) (this has	oital) attended	the deceased	fram M	v. 7	12 6 / . to	don	4 1963	A that (I) (we) las
1		aw the deceased alive and the securified at A.M., from the causes and an the								
	22a. SIGNATURE	2 11.	Cil,	Do 1	- M.D	ATTENDING PHYS	MED. DIRECTOR [	STAFF PHYS		22b.DATE SIGNED
	22c PHYSIC, AN'S		A (	1.11		22d. ADDRESS		<u>_</u>	/	/
	NAME (Type	Henry	HI	1 5	Lan	ham Ind.				
2.	BURIAL CREMAT	110N, 236 DATE TH	-62	HOY F	ETERY OR CR	EMATORY /	230 100	CATION (City, to	or county)	Md (State)
2.	FUNERAL DIRECTO	as SIGNATURE	Sen 49	25 Kleck	w Ove	112	SO REC'D BY REG	1 <b>STRAR</b> 256 (	REGISTRAR'S SIG	NATURE
Ľ	/									



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) Firm G305 PLACE OF DEATH b. COUNTY Prince George's n. COUNTY Page or, Page or files. of Health, Maryland Prince George's MARYLAND 144 c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give negrest town) Cederville vears Cederville e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS randywine ON A FARM? Brandywine YES NO T to the fur be retained h the State DATE NAME OF Middle 1962 DECEASED if the S Raymond January DEATH (Type or print) Winston Bom jaminty
6. color or race 7. Married Raymond 9. AGE (In years LIF UNDER ) YEAR IF UNDER 24 HRS. with 5. SFX B. DATE OF BIRTH NEVER MARRIED (act birthday) may 2 with and 2 w Months Hours Colored Male WIDOWED [ DIVORCEDY 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Maryland School Teacher Retired pages 1 Mary Nichols Benjamin Winston Malcolm Benjamin Winston, Trappe, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: 17. INFORMANT (Yes, no, or unkown) (Ifxpsgivewerordetesofservice) --Yes INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c),) ONSET AND DEATH guole Acute congestive heart failure PART I. DEATH WAS CAUSED BY Pile IMMEDIATE CAUSE (e) DUE TO Cardiovascular renal disease Conditions, if eny, Which gave rise to Immediate cause 40 **DUE TO** Examiner se used as (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 NOX plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing t Chief A age 3 sl 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, ) 20f. (City or lown) (County) (Stete) Month, Dey, Year fectory, street, office bldg., etc.) While Not While Hour am et work et work 4. the ... Inquiry K 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 20 5 and in my opinion Natural causes X Undetermined manner death resulted from. Accident Suicide Homicide forwarded DIREC CHIEF MEDICAL EXAMINER the slease extends the should be forward FUNERAL DIS ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE January DEPUTY MEDICAL EXAMINER T EXAMINER'S NAME (Type) Address (Street, city, town, or county) James 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, Jown, or country) (Stote) EREMOVAL (Specify) g 4 0 g DUKIA 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE ADDRESS 26. FUNERAL DIRECTOR VS. A15ME Orthur & House 5M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) e. COUNTY COUNTY Prince George by the and 2 MARYLAND b. CITY OR TOWN (if autside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest lown Cheverly C l day Hyattsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streef eddress) d. STREET ADDRESS 815h Burnside Rd. Prince George General 3. NAME OF Midd.e 4 DATE DECEASED OF (Type or print) DEATH Jan. carbon 6. COLOR OR RACE 9. AGE (in years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) эпо WIDOWED N White DIVORCED Female eyent, 10e. USUAL OCCUPATION [Give kind of work physician геттоме 1Db. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) HOUSEWIF 13. FATHER'S NAME MOTHER'S MAIDEN NAME ding pl .⊑ pue aften 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Address (Yes, no, or unkown) [[fyesgivewerordetesofservice] MRS. LILLIE MAE SHANKS 18. CAUSE OF DEATH [Enler only one ceuse þ PART I. DEATH WAS CAUSED BY: physic signed IMMEDIATE CAUSE (e) has been signed to burial-transit teart Deseases DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), stating the underlying certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert Lor Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, farm, 1 20f. [City or town] factory, street, office bldg., etc.] While Not While et work et work ECTO to. saw the deceased alive on..... 22e. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) James Riverdale Rd. death. Pe rector, pa BURIAL, CREMATION, 236 DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 256. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Pr nce George

Months

Dave

(County)

e. IS RESIDENCE ON A FARM?

YES NO

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO

(State)

DATE

(State)

SIGNED

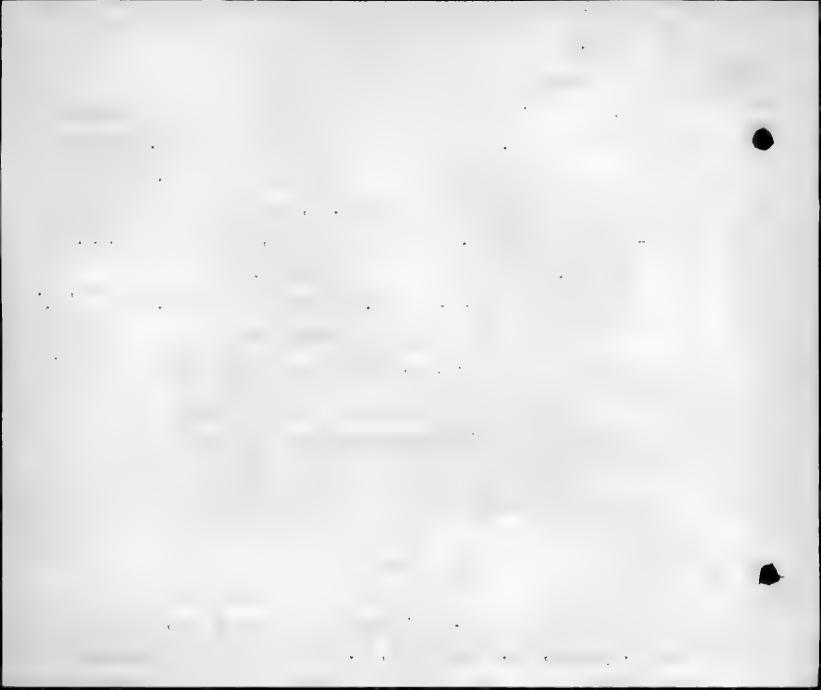
19/4.4. that (I) (we) last

12. CITIZEN OF WHAT COUNTRY?

Min.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) e. COUNTY b. COUNTY Montgomery Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give neerest town)
Takoma Park vears Takoma Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a d STREET ADDRESS a. IS RES.DENCE ON A FARM? 7105 New Hampshire Ave. 7105 New Hampshire Ave. YES NO XX 3. NAME OF Middle 4. DATE DECEASED (Type or print) Clara Theresa Yates DEATH Jan. 15 62 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SFX 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH and last birthdey) | Months white Sept. 15, 1907 female WIDOWEDIC DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Bethesda. Maryland U.S.A. clerk-typist Dept. of Army 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Eleanor M. Poore Edward M. Wise 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT AddressTakoma Park, Md. (Yes, no, or unkown) | (If yes give were release factor ce) Mr. John Robert Yates 7105 N. Hampshire Ave. 579-12-8207 18. CAUSE OF DEATH [Enter only one cause per late for (e), (b , end (c) ] OMSET AND DEATH PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) **DUE TO** gave rise to immediate cause **DUE TO** (e), stating the underlying has ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO Y 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18 200. ACCIDENT WAS UNDERLYING DE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stelle) factory, street, office bldg., etc.) While Not While Hour a.m. et work al work p.m. 21. I certify that (i) (this hospital) attended the deceased from. 19 S-that (I) (we) last Zand that death occured at .P.M. from the causes and on the date stated above. saw the deceased alive on & 22a, SIGNATURE MED. ATTENDING SIGNED STAFF PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) FUNER ector, pe director, p , 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town/or county) 23a, BURIAL, CREMATION REMOVAL (Specify) St. John's Cemetery Forest Glen, Maryland 1-18-62 Rurial ADDRESS8434 Georgia AVE. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE TO VR A15 (4) Pumphrey Tree Silver Spring. Md. 15M 9/60 DATE Cirthur & House



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF BEATE 2. USUAL RESIDENCE (Where decresed lived, If institution: Residence before edmission) e. COUNTY · STATMaryland b. countrince George 's Prince George's MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite., g.ve street address) Kentland d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 7613 Forest YES NO. 3. NAME OF 4. DATE DECEASED and 3 to the (Type or print) Charles Yederlint c January DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH with 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 2 with Page 5 may is 1 and 2 wi Jest birthday Months Wale WIDOWEDA 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Construction U.S.A. Carpenter Austria pages 1 within form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 4 34 16. SOCIAL SECURITY NO. | 17. INFORMANT Jan-Mar Driv (Yes, no, or unkown) | (Ifyesgivewarordetesofservice) Mario A. Yederlinic, Falls Church, Va NO 18. CAUSE OF DEATH [Enter only one cause per line for (e).] (b), end (c).] ur's Office along w is a burial-transit p removal, and in a INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) Acute congestive heart failure DUE TO Rhoumatic heart disease "pending" geve rise lo immediate cause the Chief Medical Examiner's R: Page 3 should be used as a for to burial, cremation, or ren DUE TO (e), stelling the underlying cause lest. cremation PART II, OTHER SIGN-FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19, WAS AUTOPSY CERTIFICATION PERFORMED? the word NO X 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW NJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Ilam 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. 2Dc. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) .County) (Stele) While factory, street, office bldg., etc.] Hour e.m. Not While at work ef work forwarded to the DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection XI. inquiry [ and in my opinion death resulted from: Natural causes X. Accident . Suicide . Homicide [ Undetermined manner CHIEF MEDICAL EXAMINER should on forward but the should be fits designated a ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE EXAMINER'S DEPU James I. NAME (Type) Boyd Address (Street, city, town, or ounty) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Specify) ₫40 p St. Charles Cemetery Farmingdele Long Teland Address | 246. REC'D BY REGISTRAR'S SIGNATURE Burial 23. FUNERAL DIRECTOR V5. A15ME W. CFAMBERS CO., Riverdale, Md. 5M 9/60 arthur & House

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND OF DEATH CERTIFICATE Item 9 Film G305 1/17/62 iwk 1. PLACE OF DEATH Prince Georges a. STATE Maryland 7 to MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Chillum (rural C d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE 05 Hesketh Street ON A FARM? Carroll Manor YES NO 3. NAME OF First Middle DECEASED DEATH January (Type or print) Alice Young 8 1962 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH A JE IIn years | IF UNDER 1 YEAR IF UNDER 24 HRS. and la@byrthday) Months Hours female WIDOWED physician 10a. USUAL OCCUPATION (Give kind of work 12, CITIZEN OF WHAT COUNTRY? remove 1Db. KIND OF BUSINESS OR INDUSTRY 8 done during most of working life, even if retired) at home Washington, D. C. 13. FATHER'S NAME ple William Jones Martha Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: Congestive Heart Failure weeks IMMEDIATE CAUSE (a) burial-fransit DUE TO Arteriosclerotic Heart Disease months Conditions, if any, which (b) has been gave rise to immediate causa DUE TO (a), stating the underlying the certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? 92 2 NO F 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) ò OR CONTRIBUTING [] CAUSE OF DEATH After 20c. TIME OF INJURY 2Dd. INJURY OCCURRED I 2De. PLACE OF INJURY (Home, farm, (County) (Stete) Month, Day, Year 2Df. (City or town) factory, street, office bldg., etc.; Not While Hour a.m. While at work at work may be retained DIRECTOR: itet) attended the deceased from saw the deceased alive 22a. SIGNATURE ATTENDING 22b. DATE 1/8/1962 GNED STAFF 3 Ommas DIRECTOR PHYS. 322- H 22c. PHYSICIAN'S St. Washington 2, D.C. Thomas F. Collins, M.D. leath. Pag FUNES lirector, pa NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 8 6 8 Washington, Burial 250. REC'D DE GISTER POSSO, REGISTRAR'S SIGNATURE 1962 24 FUNERAL DIRECTOR'S AGNATUR VR A15 (4) 15M 9/60 Charles & Charles Cathur & Kenys

EMAN THE REST OF BELL Retroe control his fyria! Prince Desprie Carrier) and Chilling Clarial Latified The Salina at Torrell Liferran B A Training The Market 58 00/17/1 still elemen AUTON TO 1865 PRE Muchanger, D. C. 9,01 71 Mantha Jones como Landinia. MACHINE ! e-Ulfall desert swiscement) Ascerdingelia Honey Masses 2961/971 5 6541/01/11 2401/2/2 CAOPLANT. TO Inches F. Golling, M.D. 328- H. Ss. M.I. Waghingon 2, u.C. . O . O . nother than Buriel Jew 10, 1982 Na Collect La the following the state of the 23 1 356

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH director wit be executed within 24 havrs after death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTA filed MARYLAND uneral b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give neorest town) ould IS RESIDENCE NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? OR INSTITUTION YES NO . E B 4. DATE Yeor NAME OF Middle Month Day filled OF DEATH DECEASED 1966 Pages (Type or print) death 9. AGE/(In years last birthdoy) 56 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX OR RACE 7. MARRIED NEVER MARRIED campletely Manths Days Hours JUNE 30,1905 DIVORCED | WIDOWED D papers. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup pou 13. FATHER'S NAME physician 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. affending please INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o DUE TO p Conditions, if any, which signed gave rise to immediate DUE TO couse (o), stoting the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? has YES NO P 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Doy, Year foctory, street, affice bldg., etc.) Hour o.m. While Nat while ot work at work p. m. 21. I certify that (1) (this haspital) attended the deceased from Dec 15. 19.55 to Toy 26. 1962 that (1) (see) last 26 1962 and that death accurred the M. Fram the causes and an the date stated above. saw the deceased alive an ed by the 22o. SIGNATURE ATTENDING PHYS. MED. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) nay be ref 23o. BURIAL, CREMATION. DATE THEREOF 23c. NAME OF CEMETERY OR 23d. LOCATION (City, tawn, or county) (State) 23b. page HARMONY MEM. PARK HIGHLAND PARK, MARYKAND 0 ADDRESSWASHINGTON D 26 REC'D BY REGISTRAR 9TH ST., NOWE. VR A15 (4) 15M 9/59 JAN 3 0 Cuthun & Henry

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